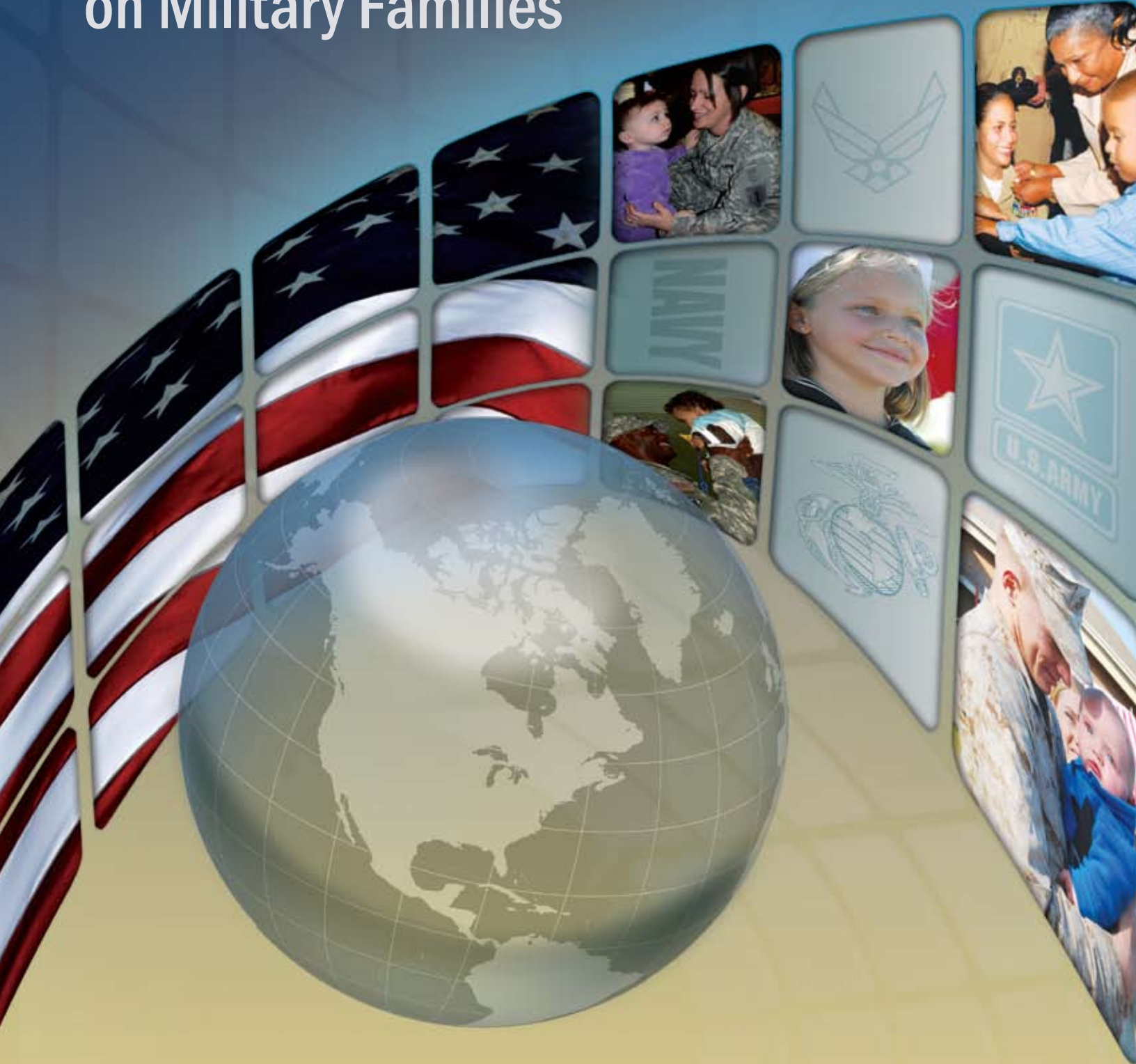


National Leadership Summit on Military Families



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National Leadership Summit on Military Families

Final Report

Prepared for

the Office of the Deputy Under Secretary of Defense,
Military Community and Family Policy

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I. Introduction

Background

The National Leadership Summit on Military Families (the Summit) is one of the steps in an ongoing process to transform military family support and readiness programs and eventually lead to more effective coordination and implementation. The Summit was held November 9 - 10, 2009 at the University of Maryland University College Inn & Conference Center in Adelphi, MD. The Summit was a partnership between Military Community and Family Policy (MC&FP) within the Office of the Secretary of Defense (OSD), the Department of Agriculture (USDA), and the University of Maryland.

This innovative partnership grows out of recognizing the value of using the unique resources of these organizations to benefit the quality of life of military personnel and their families. These organizations include agencies that conduct research on military families, provide direct services to military personnel and their families, and possess the potential to provide even more knowledge and services to enhance military family well-being.

Participants

Summit participants included senior military family policymakers, family program leaders and their staff, military family researchers, and military family members. Additional participants included faculty from the University of Maryland and other land grant universities, and staff from USDA who have ties with military family programming. All of these participants share common interests in strengthening the well-being and resiliency of military families during an era of persistent conflict, and the goal of transforming family support and readiness programs in ways that enhance their effectiveness, efficiency, and overall impact. All the military service components were represented at the Summit (including the Department of Defense, Army, Navy, Air Force, Marine Corps, National Guard and Reserve components), as were land-grant universities and other non-governmental partners.

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Summit Objectives

The objectives of the Summit were to bring together those most knowledgeable about contemporary military family issues and challenges—and the programs/services in place to support service members and their families—to candidly discuss areas of strength, opportunities for improvement, and methods to enhance collaboration within and across the Department of Defense (DoD), the military services, USDA, the land-grant universities, and the Cooperative Extension Service. The Summit also challenged participants to identify barriers to effective support and to create specific action steps based on group consensus. The action steps developed at the Summit, which are described in this document, represent the participants' collective vision about which areas in military family support must be considered top priorities and what specifically needs to be done to ensure (a) military family programs are relevant to the challenges families face today, and (b) programs are appropriately configured and resourced to produce meaningful, measurable outcomes.

The component organizations have resources that can be used to support military personnel and their families. For example, there is the potential for utilizing Department of Agriculture cooperative extension agencies at land-grant universities, programs and agents dispersed throughout the U.S. They already involve thousands of military children in 4-H programs on military installations. Several land-grant universities have active programs of research on military personnel and their families. For example, faculty and graduate students at the University of Maryland's (UMCP) Sociology department have been conducting such research for more than 40 years, and its Center for Research on Military Organization has an active program of research on military families. The UMCP Family Science department conducts research, provides counseling services to military families, and trains counselors to work with military families at the Center for Healthy Families. University of Maryland Extension conducts educational programs for youth through its Operation Military Kids program along with financial management education for military personnel and families. Purdue University is the home of the Military Family Research Institute (MFRI), where University researchers are currently conducting research on life after deployment and the needs of Reserve and National Guard families. Faculty in the Human Development department at Virginia Tech University lead an ongoing program of research and evaluation focused on the needs of military children and youth and the programs designed to support them, and are at this time developing an evaluation of DoD non-medical counseling programs

Activities and Process

The format of the Summit combined (1) presentations from senior DoD and USDA leaders, military family members and researchers, (2) a series of “breakout” sessions that engaged participants in small working groups, and (3) follow-up “general” sessions held immediately after the breakouts that involved all Summit participants. Below we provide a brief summary of each of these three components

of the Summit. The detailed results of the breakout sessions and general sessions are described in Section II (Summit Outcomes).

Presentations

The Summit was opened with a “call to action” by Deputy Under Secretary of Defense (MC&FP), Mr. Tommy Thomas. In his remarks, Mr. Thomas emphasized the attendees’ role as active contributors in helping chart the way forward for military family support, and encouraged them to use the next two days to collectively define the top issues and challenges facing military families and the family support community. He also encouraged participants to craft and prioritize the actions required to address these needs.

The Summit keynote address was delivered by the Deputy Under Secretary of Defense for Plans Mrs. Gail McGinn, then performing the duties of the Under Secretary of Defense for Personnel and Readiness. She emphasized the progress that has been made in supporting military families since Army Chief of Staff John A. Wickham’s seminal white paper “The Army Family” was published in 1983. Mrs. McGinn acknowledged that the conflicts in Iraq and Afghanistan are placing military families under more strain than at any time in the era of the All-Volunteer Force, and that more needs to be done to ensure that programs and policies are able to meet current challenges. These challenges, which would also surface in the breakout sessions, included ongoing, repeated deployments, a geographically dispersed military population, and changes in the ways military families communicate and access information.

These speakers were followed by an introduction and welcome from University of Maryland President Dr. Dan Mote, who emphasized the university’s commitment to America’s service members and veterans, and described the unique role played by the land grant universities in national defense and the opportunities to continue that tradition through Cooperative Extension Service programs.

Following these tone-setting remarks, participants were provided an overview of research findings on military families from Dr. Shelley MacDermid-Wadsworth, Director of the Military Family Research Institute at Purdue University, and Dr. Beth Ellen Davis, retired chief of Developmental Behavioral Pediatrics at Madigan Army Medical Center. Additional research findings from recent and ongoing studies and surveys of military families were provided by Dr. Angela Huebner of Virginia Tech University’s Department of Human Development, and Dr. Rachel Mapes, Special Assistant for Policy, Planning and Evaluation in the Office of the Deputy Under Secretary of Defense (Plans).

Following the first research overview, a panel of nine military spouses from across the various military service components shared their reflections and experiences on being in a military family during a time of persistent conflict. A Q&A format was employed, in which both a MC&FP moderator and audience members posed questions to the panel.

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Though these military spouses described numerous challenges that they had faced and were facing as a consequence of military family life, the panel as a whole exhibited a high degree of resilience and commitment to helping improve the quality of family support.

On the Summit's second day, Mr. Thomas opened the day's activities by summarizing the information gathered at other key events, including the DoD Joint Family Readiness Conference held in Chicago, IL in September 2009. Following lunch, the role of USDA and the Cooperative Extension Service in supporting military families was highlighted in an address by Dr. Rajiv Shah, Undersecretary for Research, Education and Economics, USDA.

Breakout sessions

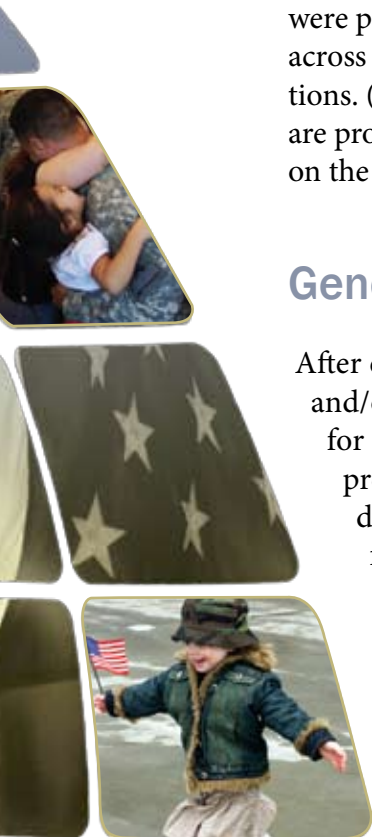
During the afternoon of the first day of the Summit, attendees participated in the first of three breakout sessions, which constituted the main work of the Summit. The breakout sessions were small group discussions among 10-12 participants with specific questions to be addressed. Participants were assigned to each breakout session by DoD organizers of the Summit, based on the topic of the session and the interests/professional roles of each attendee. The topics of the three breakout sessions were:

- ★ Breakout session one: Unique issues and challenges for military families
- ★ Breakout session two: The goals and scope of family support and readiness
- ★ Breakout session three: Identifying action items and next steps

Facilitators and recorders, mostly University of Maryland faculty and graduate students, were present in each session to ensure that the questions to be addressed were consistent across groups and a transcript was captured reflecting the discussion and recommendations. (Detailed descriptions of the work and findings from each of the breakout sessions are provided in Appendix E). By design, the focus of the last two breakout sessions built on the results and conclusions developed in the prior sessions.

General Sessions

After each breakout session (with each group deciding on its major issues, challenges, and/or recommended action steps), participants reconvened in the main auditorium for a general session. The purpose of the general sessions was to "report out" (i.e., present the work accomplished by the individual breakout groups), and collectively determine the major family readiness challenges, appropriate goals and scope of family programs, and the action steps. (For a detailed description of each general session, see Appendix A).



Each breakout group chose a speaker for the general session to describe their group's top issues and findings. All participants then had an opportunity to vote via electronic clickers on priority issues and action steps, with the resulting selected priorities being displayed in real time on a large screen. Armed with the priorities/issues selected by majority, group members then were tasked to address these specific subjects when developing recommended courses of action in subsequent breakout sessions.

The final general session, held on the second day of the Summit, brought to the stage a representative from each breakout group to summarize their group's recommended action steps. Using the process described above, all Summit participants registered their vote on which of these actions steps should represent the top priorities for DoD family support and readiness programs. These action steps, and the major findings and conclusions of each of the breakout and general sessions, are presented in the next section.

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II. Summit Outcomes

Findings presented here are those that emerged as the top issues and priorities from each breakout, as determined by a collective vote that took place during the general sessions. The complete range of findings and issues discussed in these breakouts (including many issues that did not surface as a top priority during the voting) can be found in the individual breakout group transcripts in Appendix E.

Breakout Session One: Critical Issues Affecting Families

The first breakout session provided a forum for participants to use their own knowledge and experiences, reinforced with the findings from recent research presented by invited speakers, to identify the major challenges facing military families. The discussion in this session also focused on ways that major challenges and stressors that affect family readiness and well-being might be reduced, particularly through changes in family support policy, services or programming.

Identifying the Challenges and Stressors for Military Families: Key Questions

- ▶ What are the critical challenges and stressors for military families that have negative effects on family well-being?
- ▶ What factors in military life may contribute to these challenges and stressors?
- ▶ Which of these factors could potentially be minimized, eliminated, or transformed to lessen negative impact on military families' quality of life?

Participants were divided for these sessions into 11 groups by service component and program and interest areas: Army, Navy, Air Force, Marine Corps, National Guard, Reserves, family programs, child/youth programs, veterans, medical programs, and policy/leadership. While the groups produced a diverse list of issues, and the priorities of the different groups reflect their special areas of concern, there were issues that crossed these boundaries.

Participants noted that some of the challenges and stressors are due to mission requirements and are not within the purview of program providers to change. However, there was consensus that some of the unavoidable features of mil-

itary life during wartime lead to serious problems for families, and solutions must be found to increase resiliency within military families and communities so that they can adapt and thrive in the face of these challenges. Other challenges were not directly connected to the exigencies of the wars in Iraq and Afghanistan, and were seen as well within the capacity of DoD and the military services to change, given the resources and will. Whether or not the family readiness and support community can realistically address the causes of the major challenges and stressors was



widely discussed; however, participants agreed that providing families with resources to help them manage and overcome these stressors must be a top priority for DoD and the military services.

The top five issues and challenges as determined in the general session following breakout session one are described below.

1. Challenges of the Deployment Cycle

There was consensus among participants that service members and their families are experiencing severe strain due to wartime deployments. The length and frequency of these deployments and lack of sufficient dwell time for recovery and reintegration has no parallel in the history of the modern all-volunteer force, or in the extent to which they tax Reserve component families. Many have minimal knowledge of military support systems and are widely dispersed, living far from military installations. These deployment-related factors present perhaps the greatest challenges to individual and family health, well-being, and readiness. Participants discussed a wide range of difficulties that families are facing as we face the ninth year of the Overseas Contingency Operations, including:

- ★ Service members returning with mental health problems, including Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI)
- ★ The requirement for many spouses to take on the role of full-time caregiver for an injured veteran
- ★ Lack of sufficient child care to remain employed, and the great need for respite care during deployments
- ★ Financial stress as families lose the non-deployed members income if he/she must stop working to manage home and family full-time

“Service members are not getting enough time to reintegrate once they are back in the country; they are on training and there is not enough time for families.”

— Breakout Session One

A number of participants strongly believed that policymakers should strive to reduce the length and frequency of deployments as much as possible given mission requirements, and perhaps seek additional personnel resources to meet defense needs. Many acknowledged, however, that it was the responsibility of military families to be prepared to recognize and value the reality of today's rapidly deploying force. For these participants, a major part of preparation and readiness for deployment consists of knowing what services are in place to support the family and how to access these resources, as well as staying connected with informal and formal support networks. Making this vision a reality, they suggested, is a shared responsibility between the family support community and families themselves.



2. Psychological Health of Military Families

Deployments and other stresses of military life are negatively affecting the mental health of service members and their families. For example, research presented at the Summit and elsewhere acknowledges the high rates of diagnosis of “invisible” injuries such as PTSD and TBI. These conditions can profoundly affect service members’ cognition, ability to reconnect with their families emotionally, and their opportunities to continue their military career or pursue a civilian occupation. Each of these potential consequences of PTSD and/or TBI can have profound effects on the psychological health of family members, who must adjust to the changes in their service member, often become full time caregivers, and/or endure a long and difficult period of reintegration. Additionally, there is not yet full understanding of the impact of these injuries on the development of children and youth in military families.

“Families experience stigma in asking for support across all realms of support – mental, behavioral, financial, medical...”

— Breakout Session One

In addition, participants recognized that there are barriers to receiving mental health services, particularly the stigma associated with seeking help. They recommended that leaders encourage service members to seek help, by de-stigmatizing and normalizing such action and being the first to sign up for mental health screening.

3. Access to Services and Consistency of Support

Participants noted various barriers to accessing programs and services that are provided for families. In addition to the stigma of seeking help noted above, barriers include geographic dispersion, especially for Reserve component families, veterans, and others in isolated locations. Travel distances can be long. Some groups specifically focused on problems of access to health care, including the length of time for appointments through TRICARE, and in some locations a dearth of providers who accept the military health care plan.

There was also consensus that there is a lack of consistent, predictable, continuous, and high quality programs and services from one location to another, both within and across the different branches. Participants explained that military families should know what level and type of support they can expect as they transition from one location to another, regardless of their military service branch or whether they serve in the Active or Reserve component. This lack of consistency is most visible to families who must undertake the frequent Permanent Change of Station (PCS) relocations required by the military. Some groups identified the need for more grassroots level cooperation (an idea that arose frequently in the later breakout sessions).

4. Communication challenges

Communication problems of various kinds arose in breakout session one, and in the subsequent sessions also, making it one of the major themes that resurfaced throughout the Summit. Participants acknowledged that many programs and services exist to support the needs of military families, and more programs continue to emerge within the military itself and in the outside community as new challenges surface and/or the needs of specific sub-groups of families (e.g., families of the severely wounded) become more visible. However, most participants expressed concern that many families are not aware of what is available to support them, in spite of the level of resources committed and the growth in family programs.

“[We need] better integration among units and support structures – more open communication between commands and support services to ensure all commands know what services are available that may meet their specific needs.”

— Breakout Session One

Participants expressed frustration over the difficulty involved in reaching some families with information about what programs and services are available to them, and others noted the challenge of communicating to families realistic expectations of what can and cannot be done for them. A widespread concern is that the families who need support services the most are often the most difficult to reach. Much discussion focused on marketing, outreach, use of multiple methods of communication, and tailoring messages to reach diverse families.

5. Frequent relocation

As noted above, frequent mandatory relocation produces hardships on families. Children's education is disrupted and they must leave established friendships, sports activities, and other sources of support. There are difficulties with accessing child care, and in some areas, families may have to resort to low quality care. Care for family members with special needs is also disrupted, as not all locations have programs and/or facilities to accommodate families with special needs (such as the Exceptional Family Member Program). Even in those areas that do have the necessary programs, relocations require the family member to adjust to new situations and new care providers. Spouses suffer negative employment consequences, including unemployment, underemployment, and lower earnings, leading to dissatisfaction and lower family financial well-being.

“Incessant transfers are an issue. It's hard to sell/buy a house. Geo-bachelors are on the rise and many are going into debt paying for two places.”

— Breakout Session One

The concerns that participants raised regarding the challenge of frequent relocation are not new and are documented by a great deal of previous research.

For example, moving has been shown to disrupt spouse employment and the longer a family stays at one location, the better the spouse's employment outcomes. Like deployment challenges, geographic mobility is a common characteristic of military life. However, participants noted that policymakers must examine critically whether all the relocations are necessary for mission accomplishment and service member career progression.

The challenges identified and discussed in breakout session one were addressed again in subsequent sessions, with the focus on the goals and scope of family readiness and support programs and the development of action plans to address them.

Breakout Session Two: Goals and Scope of Family Support and Readiness

Having clarified in the first breakout session the major challenges affecting military families and the resources currently in place to provide support, participants used breakout session two to clarify and define the goals and scope of family support and readiness programs. This process involved discussion and debate around how well current programs are aligned with the needs of families, the types of outcomes that programs should be expected to deliver, changes in policy, resources, program design or delivery needed to meet program goals, and opportunities for partnership and collaboration that could improve the overall chance of success (see Key Questions below).

To allow participants to collaborate with as many of their colleagues as possible, and to cover new ground on these topics, member composition of each of the breakout groups for breakout session two was randomly assigned.

Identifying the Goals and Scope of Family Support and Readiness Programs: Key Questions

- ▶ What are the ultimate goals for family support and readiness programs in terms of what families need to know or be able to do?
- ▶ What should the scope of family support and readiness be? Are there issues which programs should not address?
- ▶ Given these goals, which of them are not presently addressed by DoD and/or other service programs and policies?
- ▶ How can partnerships and collaborations among the military and other agencies and groups contribute to attaining these goals?

As with the first day's session focusing on needs and challenges, participant perspectives on the goals and scope of support programs were complex and diverse. A core set of themes clearly emerged, however, from the individual sessions in response to the key questions. These themes are presented and summarized below.

1. Evaluate support programs to learn which models are effective and build on success

In many groups, participants acknowledged that, particularly within the period spanned by Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF), a wide range of well-intentioned family support programs and initiatives have been created across the

military services and DoD. Occasionally implemented in response to congressional mandates or ad-hoc needs identified by the components, some programs functionally overlap with one another, creating redundancy among providers and confusion among military family members about which option is best. Moreover, most programs (with a few exceptions) have not undergone scientific evaluation to determine

if they are having an impact on their target outcomes. Participants in multiple breakout groups called for a major reexamination and evaluation of the full suite of family support and readiness programs; with the aims of:

- ★ Determining which are most effective, building on programs and models that demonstrate results, and sharing best practices
- ★ Reducing overlap by reallocating resources used by ineffective programs
- ★ Ensuring the sustainability of effective programs
- ★ Establishing consistency and predictability in the level and quality of family services and support across the various components
- ★ Assessing the needs of families at different stages in the life course, tailoring programs that target specific needs and which can also adapt to changes in the external environment

2. Communicate critical information to military family members

Participants within every group believed that communication of information is a central goal of the military family support and readiness mission. There was general agreement, supported by research, that many difficulties faced by military families are created or exacerbated by a lack of information, such as what to expect during a

time of war, what specific resources are available for certain situations and/or for certain kinds of families (e.g., those with young children), and where and to whom families can and should turn for support. Participants acknowledged that the realities of military life in the 21st century make it a very demanding profession, and families must know what they will face and what the armed forces can and cannot do for them.

“Program evaluations are happening, but not strategic in scope and approach – program evaluations should be built in to program funding”

— Breakout Session Two

“A well-supported and ready military family is one that is informed of the resources available and equipped with tools for managing various problems and issues.”

— Breakout Session Two



Thus, a fundamental goal of family support and readiness programs involves identifying and implementing effective tools, methods, and strategies to communicate to families:

- ★ What to expect (the nature of military life—e.g., deployments, relocation), and what DoD and the military services can and cannot provide for families
- ★ Which specific resources/programs are available to support families, depending on the individual characteristics of family as well as the stage of the deployment cycle
- ★ How to access formal support resources, as well as the informal support of peers and social networks, to build resiliency

Additional aspects related to communication included the need for support and readiness programs to utilize available technology and new media (e.g., social networking sites like Facebook) to enhance opportunities and quality of contacts with and among military family members, foster more resilient communities through partnerships and collaboration with non-military resources, and ensure that communication runs in both directions—so that support providers remain knowledgeable about emerging concerns and trends that could affect the family support mission.

3. Establish collaborative partnerships

There was widespread agreement in the Summit that there exists an enormous pool of resources, programs and goodwill, both within and outside DoD, to support military families across the nation. In addition to military programs, participants acknowledged the military family support initiatives of groups like the Red Cross, Cooperative Extension and 4-H, non-profit advocacy groups such as the National Military Family Association, and various state and local government programs. While the DoD has made enormous progress developing partnerships with these outside agencies and groups to benefit service members and families (Fisher Houses providing lodging for families of the wounded, and 4-H military child and youth programs are just two examples), participants acknowledged that barriers remain that prevent the full potential of collaboration between the military and non-governmental organizations (NGOs) to come to fruition. From the perspective of participants, a main goal of DoD family support must be to continue to reduce administrative barriers and to encourage private organizations to support service members and families.

“Sometimes we (DoD) make it difficult for private organizations to help.”

— Breakout Session Two

Participants also emphasized that enhancing collaborative partnerships is especially important in ensuring support for Guard and Reserve families, since most are geographically dispersed and are unable to conveniently access large installations and the support services located there. Quality, accessible child care, programs for children and youth, and access to medical and psychological care all surface as critical family support concerns when Reserve



component service members are activated and deployed. Each of these areas, and others, emerged as major focal points for military-civilian collaboration that warrant increased emphasis and attention from DoD family support providers and policymakers.

4. Address psychological health needs of military families

Research presented at the Summit and elsewhere indicates that the length and pace of deployments for OEF/OIF expose service members and their families to increased risk of stress and other symptoms that can harm their psychological health. Adding to the complexity of these challenges is a widespread perception within the force that requesting or accessing mental health services is stigmatized by the military and can negatively impact the career progression or future prospects of those who ask for help. Participants in the second breakout session expressed that important goals of family readiness and support programs are to help family members recognize the signs and symptoms of deployment-related stress and maladaptive reactions and behaviors (e.g., substance abuse) among themselves and other family members; confront and overcome the stigma around help-seeking; increase the community's knowledge of and access to available resources to support psychological well-being and resiliency; and encourage the use of resources by all who need them.

“We need to find a way to alleviate and remove the stigma of seeking mental health. [We must] provide help and support that ensures a service member is supported and not afraid to seek help.”

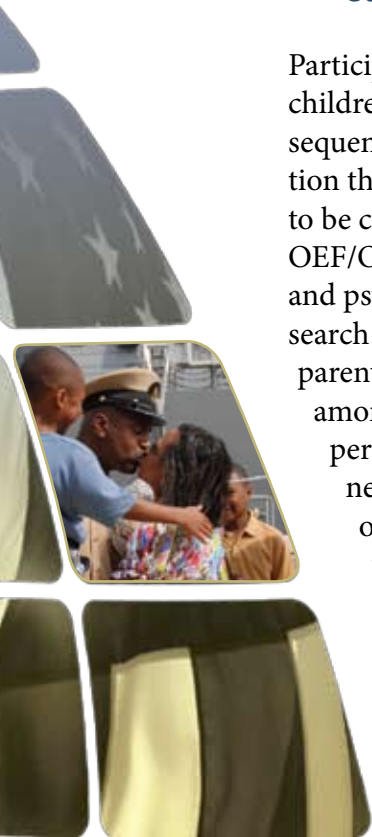
— Breakout Session Two

5. Develop and implement programs that support military children and youth

Participants spoke at length about the challenges that children and youth in military families face as a consequence of deployment and of the frequent relocation that is a part of military life. More research needs to be conducted to better understand the effects of OEF/OIF deployments on the developmental needs and psychological health of children and youth. Research presented at the Summit indicates that many parents report behavior and adjustment problems among their children as the family copes with long periods of separation from the service member and the challenge of transitioning to a new environment that accompanies a PCS. Participants believed that within the scope of fundamental family support is the goal of providing comprehensive programs for youth development and well-being, as well as developing a comprehensive strategy to understand and mitigate the effects of military missions on children and youth.

“It’s important to synthesize the research and develop programs to assist children with deployments and separations, including the loss of a parent to combat or traumatic or mental health injury, and ensure inclusion of all children in all age ranges”

— Breakout Session Two



Breakout Session Three: Action Steps

Breakout session three, the final group work session of the Summit, engaged participants in drafting specific action plans to address these top five goals. After a final presentation in the main auditorium of each group's top three action steps, the Summit participants voted a final time to prioritize recommendations for the Department's family support programs. The top three actions steps are listed and described below. For this breakout, participants were grouped into multidisciplinary issue-based groups.

Action Step 1: *Create a coordinated, strategic map of all existing programs to identify redundancies and opportunities for consolidation. Develop metrics of success and evaluate all programs to determine which are working.*

There was widespread agreement among participants at the Summit that there is a vast array of programs providing services to military personnel and their families. Programs exist at different levels and within varied organizations. Concern was expressed that resources need to be used more effectively by eliminating redundancies and identifying gaps. Participants believed that the first stage in this process is to identify existing programs and categorize them—for example, by their goals, providers, organizational locations, geographical locations, and other criteria (such as in person or online). This strategic map of existing programs would identify both redundancies and gaps, and would ideally be followed by a data call directed by the Department, to all military service components and NGOs for which it provides funding, to identify existing programs and their stated objectives.

Action Steps: Key Questions

- ▶ What are the most promising ideas heard over the course of the Summit?
- ▶ What are the greatest short- and long-term challenges to be faced for implementing change?
- ▶ What resources will be required to implement the group's action steps, and how can they be obtained?
- ▶ Who are the partners and collaborators needed to help implement the group's ideas?
- ▶ What additional next steps need to be taken?

Participants called for scientific, evidence-based evaluation of the success of every program in terms of whether it achieves its stated outcomes and meets service member and family needs, as well as the organizational goals of recruitment, retention, and readiness. The evaluation framework would also take into account the impact of each program on different segments of the force and various types of families (e.g., by branch and component, rank, family structure, life cycle stage). Participants expressed that evaluation should be conducted not by the program providers or the DoD itself, but by neutral, knowledgeable and experienced evaluation professionals.

The results of the strategic map and systematic evaluations would then be used to form the basis for decisions about actions to be taken. Programs demonstrated to be highly effective would serve as models for best practices, non-performing programs could be eliminated

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and redundant efforts consolidated. Any remaining gaps in the support systems would need to be addressed, but any new or modified program would have an evaluation system built into its funding and charter. Participants noted that after determining needed programs, sustainment funding should be institutionalized, rather than funded through defense budget “supplementals,” as has been common in the past.

“DoD should collaborate with land grant universities to establish a vetting process and how to evaluate existing and proposed programs.”

— Breakout Session Three

Action Step 2: *Design and implement a strategic communications plan that will:*

- ▶ *Improve service member and family awareness of resources*
- ▶ *Shape realistic expectations among military families*
- ▶ *Share best practices between programs and providers*
- ▶ *Educate the civilian community/NGOs about military family issues and needs*

The theme of communication arose repeatedly throughout the Summit. Many participant concerns involved the need for improving the ways that the DoD and the military services conduct outreach and education with military families about available resources. Despite extensive efforts, not all families in need of support understand what programs and services exist, and how and where they obtain access. For example, while service providers may already attempt to advertise their services to families, participants emphasized the necessity to use multiple, “cross-channel” methods to reach potential clientele. This strategy would reflect a fundamental premise of contemporary strategic communications: the need to reach distinct segments or groups of people, with the right message, at the right time, using the media to which they are most attuned.

Groups that must be targeted by this new communications strategy include families, service providers, unit and installation commanders, and community agencies. Messages and channels needed to reach each of these groups are not always the same, and many participants believed the military lacks the overall capability to design and implement an effective approach. These participants suggested the

DoD go outside (e.g., perhaps to private sector marketing experts) for assistance developing effective communication methods and strategies.

“We have to figure out how to deliver the message, and the only way to do that is through analysis. [When you] segment the audience by population, Commanders and Sergeants Major want electronic info. But older families want printed newsletters...Figure out how to deliver your message, and then resource your communication.”

— Breakout Session Three

Participants noted that the communications plan must integrate “new media” channels, such as social networking sites (e.g., Facebook, Twitter) and take



advantage of the latest technology (e.g., Web 2.0). In order to align with the expectations of the current generation, they explained that DoD's communication efforts must be interactive, rather than simply a one-way dissemination of information from the government to the service member and his/her family. While participants noted the important role of Military OneSource, they also observed that there was so much information on it that those in need of services can have trouble finding them. A clearinghouse was seen as a potential solution to help military personnel and their families navigate the system.

Some program providers expressed the need for communicating realistic expectations to military personnel and their spouses about what they can expect programs to provide versus what responsibilities families themselves have and should attempt to meet through reliance on their own personal and social resources. To avoid disappointment and a sense among military family members that the military is not sensitive to their needs, participants explained that the communication efforts of the DoD family support community must include a method to instill reasonable expectations about military life. The limits of formal support resources must also be communicated to military families. Participants noted that many family member expectations are impacted by the realities of the deployment cycle, which are not likely to change in the near future.

Part of the action plan around communication focuses on service providers communicating more effectively among themselves to ensure families are able to obtain the most effective solutions for their particular circumstances. Given the vast array of providers and resources, all providers need to be well-versed in what is available from other sources, so that effective referral can take place. Further, staying apprised of what is provided elsewhere helps program managers and policy makers reduce redundancy and conserve resources, as well as to identify gaps in coverage.

“Collaborate with other military services and determine if there are other positive programs that can be duplicated.”

— Breakout Session Three

Especially useful is sharing information on best practices. When an agency identifies a particularly effective program or service for families, or tries a strategy for communicating with families that meets with success, participants agreed that this information needs to be communicated to other agencies. For those whose function is to aid service members and families in preserving their well-being in the

“The G6 or CIOs block many of the networking sites and social media because of ‘risk’, so some of the most effective methods of social media are being blocked. This is an area that DoD could help us because if they came up with a way to do it for the services, then we could do it.”

— Breakout Session Three

Summit Outcomes

Summit Outcomes

face of serious military life challenges, cooperation rather than competition among agencies should be the norm. Participants noted, however, that the military is often affected by a “stovepipe” mentality that does not reward cross-agency collaboration or innovative solutions when those ideas threaten existing bureaucratic or administrative boundaries. The group felt that these barriers needed to be overcome so that support professionals who are successful, and who share their strategies for success, are recognized and rewarded for their contributions.

Participants at the Summit emphasized using diverse agencies as resources for military families. There was recognition that collaboration among different organizations would pay dividends in increased military family well-being, provided that the agencies worked together to share information, avoid redundancy, and fill gaps. They expressed enthusiasm about partnerships among agencies within DoD, USDA, and land-grant universities. They saw this as especially beneficial in conducting research on military families and reaching geographically dispersed families with needed services. They also expressed the need to capitalize on civilian agencies—both governmental and private—to serve military families in their communities. To do so, the DoD and the military services must first effectively communicate the issues and needs of military families to the decision makers and the rank and file in these civilian and community agencies.

Action Step 3: Renew the Department’s focus on behavioral health services to ensure access, availability, and education to encourage early identification, and to reduce the stigma associated with mental health treatment.

Throughout the Summit, participants expressed concern about serious physical and psychological damage to service members as a result of long and repeated combat deployments without sufficient dwell time to recover and reintegrate with their families and communities. Further, these effects on military personnel also have negative effects on the well-being of spouses, children, and parents. Participants raised the issue of the inaccessibility of behavioral health services to those in need. This inaccessibility is partly caused by the stigma of seeking help that is part of the military culture, but additional barriers exist for those who are not near major installations that have the required services, and for those who have transitioned off active duty. Also noted was a shortage of mental health professionals with the training and experience to deal with the particular issues faced by military personnel and their families.

Participants made many recommendations on actions to address these problems, with a surprising degree of consensus among the groups. A common idea was that commanders be encouraged (or even required) to create a social climate that makes seeking help a norm. Indeed, many believe that leaders should show the way by going for help

“The role of leadership is critical to establish the framework for ensuring that there is no stigma attached to asking for assistance.”

— Breakout Session Three

themselves, even serving as models by being the first to go for screening and treatment. Another idea was that all personnel be required to go for psychological evaluations periodically—especially since symptoms often surface some time after the end of deployments.

Participants also noted the importance of educating all military personnel, family members, and service providers about mental health symptoms, including PTSD and TBI. Identifying those in need of help is a major step in providing treatment. Due to the emotional and behavioral problems reported at the Summit for many children in military families, teachers constitute a special group to target so that they can be alert to children's need for help. One suggestion was to embed behavioral health specialists in pediatric clinics and community schools.

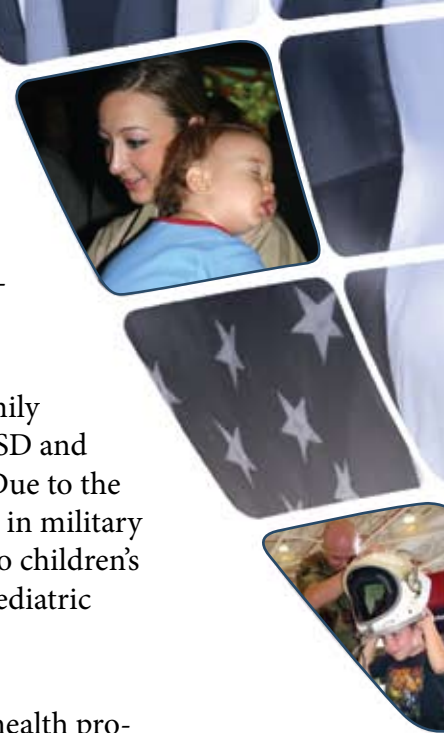
“We need to educate local community services (schools, churches, etc.) to understand family-related psychological and behavioral health issues that may be connected to military parent service.”

— Breakout Session Three

The shortage of qualified mental health professionals can be addressed by actions such as developing programs for certified psychologists, psychiatrists, and social workers that train them specifically to treat military personnel and their family members. Participants mentioned that a long term need, but just as necessary, is for mental health training programs for civilian and military personnel with substantial attention to the special needs of those who live a military family lifestyle.

Summit participants also brought up the issue of problems facing family members who are serving as caregivers to military personnel (including, but not limited to, those with mental health problems and TBI). Caregivers often need to leave their jobs to care for their wounded service members, exacerbating financial difficulties and also requiring them to give up benefits such as health care. They also need help with child care, especially if they have to leave their homes to care for service members receiving treatment elsewhere. Actions recommended included payments to caregivers for their services, which can be in the form of special allotments.

Summit Outcomes



III. Summary

Summary

More than 150 military family policy makers, senior leaders, service providers, practitioners, researchers, and family members participated in the National Leadership Summit on Military Families, offering their diverse insights and experiences. With a focus on the unique needs of military families in this “era of persistent conflict,” the participants worked productively with their colleagues during the course of the two-day event to craft proactive recommendations for DoD’s family support and readiness programs. Throughout the Summit, organizers encouraged participants to come up with innovative ways to enhance collaboration and partnership between agencies, both within and outside of the military. This would help in better meeting the current needs of military families and strengthening the capacity of the support system to anticipate and respond to future challenges.

Reinforced with the results of recent research on the impact of OEF/OIF on military families, Summit participants first defined and prioritized the specific challenges that military families are facing: the stress of repeated deployments, access to support for psychological health, obtaining information about the specific resources available and how to access them, a lack of consistency and predictability in support services, and issues related to frequent transition and relocation.

With a general consensus built around the major challenges, participants then worked to articulate the appropriate goals and scope of DoD family readiness and support programs, outlining specifically what families should be able to expect, and which areas are outside the limits of what can realistically be provided. Among the major themes that surfaced included: the requirement for evaluation to determine the effectiveness of programs (i.e., are programs meeting the goals for which they were created?); enhancing the DoD’s ability to communicate effectively with a range of stakeholders (including family members, service members, leaders, support providers and staff, NGOs and the general public); establishing and strengthening partnerships with community resources/agencies (such as the Cooperative Extension Service) to fill gaps and deliver the most effective solutions; addressing the psychological health of families and service members; and ensuring that effective programs exist to engage military children and youth.

Participants in the final breakout session were charged with identifying their group’s top three priorities for action. At the final general session on the Summit’s second day, a representative from each group articulated these priorities for the full audience regarding the top action steps for DoD military family support



Summary

and readiness programs. In this final session, the Summit participants put forward the following three priorities:

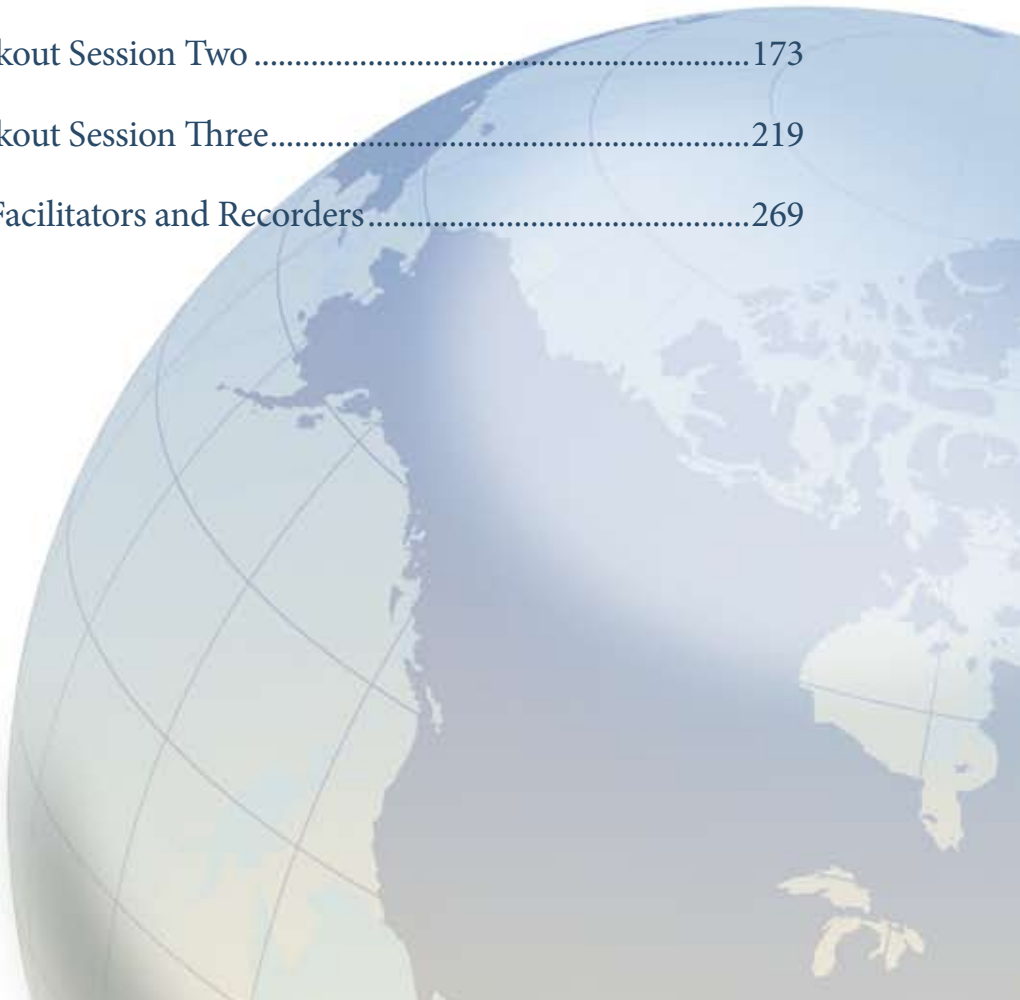
- 1 Categorize and evaluate programs to enhance effectiveness, consistency and return on investment;
- 2 Develop and implement a strategic communications strategy that reaches families with what they need to know, and connects them with those who have the capacity and resources to provide support;
- 3 Strengthen the Department's ability to provide for the psychological well-being of military personnel and their families (with a particular focus on the health of children in these families).

These major themes, challenges, and action steps—articulated over the course of the Summit by more than 150 individuals involved in policy and provision of services for military families—incorporated with the input from military family listening sessions and other data, can be seen as an organizational blueprint for improvement and change for the DoD family support and readiness community. Because this report is a summary of major themes, challenges and action steps represented at the Summit, it does not include all of the ideas or comments that surfaced during the two-day event. The appendices to this report, however, include detailed transcripts of each of the breakout sessions described, and these are recommended reading for those interested in reviewing all of the ideas as expressed at the Summit.



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Appendix A

Detailed Report of Summit General Sessions by Larry Stepnick (The Severyn Group, Inc.)

A National Leadership Summit on Military Families

Sponsored by:

The United States Department of Defense

The United States Department of Agriculture

The University of Maryland

November 9-10, 2009

University of Maryland University College

Hyattsville, Maryland

Appendix A

Background

On November 9-10, 2009, more than 300 leaders who provide support to military families convened at the University of Maryland to discuss the current and future status of military family support programs. Known as the “National Leadership Summit on Military Families,” this gathering launched an ongoing conversation about how to transform support and readiness programs for military service members and their families. The program was jointly sponsored by Military Community & Family Policy (MC&FP) within the Office of the Secretary of Defense (OSD), the United States Department of Agriculture (USDA), and the University of Maryland (a land-grant university). The goal was to identify priority areas for improving programs and services, and to come to consensus on concrete action steps within these high-priority areas. Summit participants included OSD leaders and representatives of all service components (Army, Air Force, Navy, and Marines, including both Reserve and National Guard), land-grant universities, and other non-governmental partners. This report summarizes the presentations and key discussion points from this two-day session; it will be used to inform the development of a separate summary consensus report by the University of Maryland that will outline recommendations on how to improve family support and readiness programs to the leadership within all components, MC&FP directorates, universities, non-governmental agencies, and other partners.

Welcome and Introductions

Representatives from each of the summit sponsors welcomed attendees and offered introductory remarks, highlighting their organization’s role in supporting military families, both independently and in partnership with other agencies and organizations.

The DoD Role in Supporting Military Families

Several prominent speakers spoke about DoD’s central role in supporting military families.

The Honorable William J. Lynn III, Deputy Secretary of Defense

The Honorable William J. Lynn III, the nation’s 13th Deputy Secretary of Defense, noted that this summit is taking place during *National Military Families* month, as designated by the Obama administration. Deputy Secretary Lynn thanked the leadership of both USDA and the University of Maryland for their dedicated work and support of military families, which represents a vital part of the nation’s commitment to those families. He also noted that 2009 represents the 20th anniversary of the *Military Child Care Act*. Great progress has been made during the two decades since passage of that act, with 3 million family members now being treated as full members of the military, and child care services now considered an integral part of the military.

Despite this progress, military families still face tremendous strains, with 250,000 children having a parent at war, and with repeated deployments of Reserve and Active Duty members creating huge stresses and challenges for employers, communities, and families. The recent tragedy at Ft. Hood in Texas is yet another example of these stresses and challenges, with the nation’s thoughts and prayers

going out to those directly affected and to the entire Army family. Yet even in the midst of this tragedy, soldiers are doing what they always do—taking care of each other and their families. The nation as a whole, moreover, needs to do everything possible to help them recover and to prevent something like this from ever happening again.

Many effective programs and services already exist to support military families, including National Guard and Reserve families who live far from military facilities. For example, the Joint Family Support Assistance Program and Yellow Ribbon Program provide much-needed services and support, while the Military One website makes such support easier to access. But much more needs to be done, especially for the 400,000 Reserve and National Guard spouses who wake up without their husbands or wives every morning, in communities far from military sites. Serving and empowering these geographically dispersed families is a huge priority for DoD. Land-grant universities and their associated extension services serve as an invaluable resource in supporting these families, providing educational counseling to children, teaching personal finances, and offering distance learning programs. These successes suggest, moreover, that much more can be done to leverage these valuable partners.

This work represents a critical part of taking care of an all-volunteer force, and the Obama administration's commitment to that work can be seen in its first budget, which provides a temporary increase in the size of the Army, halts reductions in the size of the Navy and Air Force, provides substantial across-the-board pay raises for troops (including increased housing allowances), and increases funding for medical research into post-traumatic stress and traumatic brain injuries, child care, career support, lodging, and other critical areas. The budget fully funds the GI bill and commits billions of dollars to family support, with funding for such programs now becoming a regular, permanent part of the budget, not "ad hoc" supplemental programs as occurred in the past.

Deputy Secretary Lynn noted that he recently visited with several service members who were wounded in war; this visit reminded him of the sacred responsibility, originally articulated by President Lincoln, to care for those who have "borne the battle." Thus, it is fitting that President Lincoln also established the land-grant university system that currently serves as an indispensable partner to DoD in serving dispersed military families. Working together going forward, these two partners will continue to serve military families.

Tommy T. Thomas, Deputy Under Secretary of Defense for MC&FP

Tommy T. Thomas, Deputy Under Secretary of Defense for MC&FP, served as host for the meeting. He began by noting the major transformation that has occurred in the make-up of the military over the last century. For many years, the military consisted primarily of single men who served for a few years before returning to civilian ranks. In fact, until 1847, married men were prohibited from enlisting. After the Civil War, they were strongly discouraged from doing so through the creation of many roadblocks that made life for a married man quite difficult in the Armed Forces. Only after 1973, with the establishment of an all-volunteer force, did military leaders begin to understand the importance of attracting and retaining service members with families. They also began to realize that the decision to enlist and stay in the Armed Services generally rests with family members. Thus, the ability to attract and retain volunteers depended in large part on effectively serving family members. Since that time,

therefore, a variety of programs have been developed to serve families, while policies and procedures have been changed to better cater to family members. But these programs need to be expanded and improved, and this *National Summit on Military Families* is designed to gather honest, candid feedback to guide these changes.

Gail H. McGinn, Deputy Under Secretary of Defense for Plans

Gail H. McGinn, who serves as Deputy Under Secretary of Defense for Plans and also currently performs the duties of the Under Secretary of Defense for Personnel & Readiness, echoed Mr. Thomas' comments, highlighting the need for an action plan to better serve families, particularly after more than eight years of conflict. She also noted that support for military families has changed over the years, from informal support to a more institutionalized system. Historically, securing funding for family support programs could be difficult, with advocates having to "work all angles" to obtain funds. But today family support programs "have arrived," as military leaders talk about and allocate financial support to such programs on their own, without having to be asked. With leadership on board, the next step is to continue building and improving programs by listening to the families being served so as to better understand their current needs, and then translating that feedback into a formal action plan. The mantra should be—"we listen, we care, and we act."

Ms. McGinn has first-hand knowledge of what it is like to be the family of a service member, as she was born into an Army family more than 40 years ago, with her father being a meat inspector in a small military community. During her early childhood, she lived in Denmark, where there was no DoD school. Parents in the community pitched in to pay for a tutor to teach the children. Her father actually sought reimbursement for this financial outlay, a request that was denied. A few decades later, Ms. McGinn, a civil servant for the Army, married a soldier and moved to Germany, where career opportunities for military spouses were limited largely to clerical or retail jobs. She remained unemployed for 10 months, a frustrating experience during which her husband had to sign for everything on her behalf, including to secure a library card. Few if any family programs or services existed. For example, no policies or programs supported victims of sexual assault. Those few programs that were available remained inadequate—for example, child care facilities were old, dilapidated, and inadequately staffed, with children spending most of their time watching television. The facilities received little or no financial or logistical support, as they were financed largely through low fees paid by the parents. In short, the support available to families largely came from other families, with everyone "making do" as best they could.

But as military leaders became more engaged and the fabric of the nation and the Armed Forces changed, DoD began offering more formal support. After the draft ended in 1973, a consensus emerged on the need to develop a robust, all-volunteer force. A landmark report from the RAND Corporation, moreover, highlighted the importance of family support programs in reaching that goal, including affordable, high-quality child care, good schools, military stores, and the like. Ms. McGinn returned from Germany in the early 1980s and began crafting policies to secure support and funding for formal family programs. Similar efforts occurred in the Navy, Air Force, and Marines. In addition, the National Military Family Association emerged as a strategic ally in these efforts. This association plays a vital role in

providing information on the needs of families and in measuring the effectiveness of programs in meeting these needs. By 1988, DoD opened its Office of Family Policy. A year later Congress passed the aforementioned *Military Child Care Act* in response to input from families on the desperate need for quality child care. (DoD leaders and an Army Family white paper also played critical roles in convincing Congress of the need.) The act provided for higher compensation for child care workers, as low pay rates and the lack of benefits had led to 300-percent annual turnover in the typical facility. After research indicated that higher compensation could help address this issue, pay increases were put into place, along with competency-based training and other programs designed to improve the quality of child care. The initiatives have clearly worked, as by 2007 and again in 2009, military child care centers received top rankings with respect to quality. Other programs have also emerged to meet the imperative of better serving families, including the previously mentioned Joint Family Support Assistance Program and Yellow Ribbon Program, which offer unprecedented access to family support through face-to-face counseling and other services.

DoD has not made this progress alone. Rather, improvements have been a joint effort, with DoD teams joined by communities across the country, in collaboration with non-profit organizations, government agencies, and others. Supporting military families has become an American commitment, not a DoD project, something that is very different than what occurred after American troops returned from Vietnam.

But much more work remains, and DoD is looking to collaborative partners to assist in this effort. Land-grant universities, through their cooperative extension programs and other services, have been and will continue to be a vital partner. The Obama administration and Congress both appear very interested in helping, and First Lady Michelle Obama has made clear that supporting military families represents a major priority in her work. In fact, this country's leadership has never cared more about the nation's soldiers and their families. Going forward, therefore, the key is to keep listening to families, getting their input on unmet needs and what can be done to address them. This summit represents an excellent opportunity to do that.

The USDA Role in Supporting Military Families

The Honorable Dr. Rajiv Shah, Under Secretary for Research, Education, and Economics at USDA, discussed the role of his agency in working with the military to support military families. Dr. Shah had the opportunity earlier in 2009 to visit Kenya as part of President Obama's mission to promote use of agriculture and science to combat hunger. During his trip, he stopped at a military base to visit with soldiers wounded in Iraq and Afghanistan. Walking through the hospital to speak with these young men and women, Dr. Shah was amazed at their spirit, pride, and strength, and the USDA is proud to be a partner with the military in helping these soldiers and their families.

The USDA National Institute of Food and Agriculture has historically been a vehicle for partnerships with the military. Dr. Shah is fully committed to continue these efforts and to going beyond what has been done in the past, as wonderful and innovative as it has been. The context for agricultural science at USDA began with President Lincoln, who started the land-grant university system at a time when the

U.S. economy depended heavily on agriculture. This integrated, university-based research and education program launched the U.S. Cooperative Extension Service, which began as a program to help farmers grow food in more sustainable ways. Over time, the extension service has evolved and expanded, now offering a full range of services for military families, including nutrition programs, financial planning services, and other support. The Cooperative Extension Service has staff in nearly every county in the country. It runs the largest integrated adult education program in the country, and reaches over six million children through the 4-H program.

Dr. Shah would like to revitalize the core application of the extension service to meet the priorities of the Obama administration, with better serving military families being at the top of that list. USDA has a 20-year history of partnering with the military branches. The partnership began as very narrowly focused but has evolved and expanded over time. In 2009, 23,000 young people enrolled as 4-H members on military bases and installations, and more than 107,000 youth were involved in Operation: Military Kids. Looking ahead, Dr. Shah plans to focus on several specific priority areas, including strengthening the capacity of communities to serve military families; supporting college-age individuals in serving their own communities; and increasing educational programs and opportunities for military youth and families in the community. The Cooperative Extension Service and the land-grant universities are hard at work making this happen. Purdue University, for example has sponsored internships for the college-aid children of military families, while Virginia Tech is conducting focus groups to better understand the needs of those families.

Dr. Shah highlighted three core strengths of the USDA that make it an effective partner in supporting military families. The first is regularly articulated by the Secretary of USDA, Tom Vilsack, who talks about the agency as an “every day, every way” organization. This can-do attitude pervades the staff and officers within the Cooperative Extension Service, as it does employees throughout the agency. Second, USDA has a huge breadth of capacities to support military families, including nutrition programs, financial literacy report, community health and well-being, and research and scientific inquiry. Finally, the USDA shares the values of rural America, which in turn shares the values of the military. Secretary Vilsack understands the values of service, humility, and contributing to the greater good. Rural America has a higher participation rate in the Armed Forces than do non-rural areas, and hence a greater appreciation for this kind of service. That unique value, and that unique link between rural America/agricultural communities and the Armed Services, allows this partnership to work well. USDA is proud to have the opportunity to serve military families, and will continue to do so in a customer-centric way, with the goal of reaching all military families with the culture of service and ethics that ties the agency and the military together.

The University of Maryland’s Role in Supporting Military Families

Dr. C.D. Mote, Jr. President of the University of Maryland at College Park, welcomed summit attendees to campus, and noted the university’s long-time commitment to military families, including sponsoring scholarship programs for veterans and their dependents as a way to promote re-integration into the community. He highlighted the strong partnership between the military and land-grant universities, which have a long history of community outreach through extension services. In fact, land-grant

universities were created to serve society by harnessing learning for the public good. To that end, land-grant universities taught military tactics for many years; in fact, until 1965, these universities required that male students participate in the Reserve Officers' Training Corps program. At present, land-grant universities remain a source of support for military families through outreach, teaching, and research. Through its extensive service, the University of Maryland provides such support in all counties in the state. For example, 2,700 Maryland children of military personnel participate in the Operation: Military Kids program. In addition, extension educators serve more than 2,000 Maryland youth, while extension staff teach Maryland families about financial readiness and provide free counseling sessions to them. The university also offers a variety of distance and on-campus learning programs for military families, while faculty conduct a broad portfolio of research designed to protect members of the Armed Forces.

Going forward, however, Dr. Mote, like his counterparts at DoD and USDA, believes that more needs to be done to support military families. This summit, which brings together military, extension service, and land-grant university leaders with military family members, represents an excellent opportunity to begin that effort.

Appendix A

What Research Says About Supporting Military Families

Summit plenary sessions focused on research findings related to the characteristics of military families, the most important challenges they face, and the most effective programs for supporting them in meeting those challenges.

Headlines, Cautionary Notes, and Provocative Suggestions

Dr. Shelley MacDermid Wadsworth, Professor of Family Studies and Director of the Military Family Research Institute (MFRI) at Purdue University, reviewed the latest findings from scientific research on military families, offered some cautionary notes about understanding and supporting them, and proposed some provocative suggestions for the future.

Background on Purdue and MFRI

Purdue University serves as the public land-grant institution in Indiana. MFRI, a research and outreach organization created in 2000 at Purdue with funding from MC&FP, conducts a variety of research on military families, and works with all higher education institutions in the state to improve programs and services for students of service members and military families. For example, MFRI's *Operation Diploma* program works with service members and veterans to secure GI bill benefits, while *the Passport Toward Success* initiative helps children and family members connect, focusing on successful re-integration after a service member's return from deployment.

Key Findings from Recent Research

Dr. Wadsworth highlighted the key headlines from recent research on military families, as outlined below:

Negative Impacts of Combat Exposure

Combat exposure is problematic for a substantial minority of service members. While the effects of military service on later life vary by war, combat exposure in any war has a consistently negative effect on both the quality and duration of later life (MacLean & Elder, 2007). Exposure to trauma increases the risks of mental health problems. Members of the Reserve pose a special concern, as increases in positive screens for mental health problems are twice as large among Reserve members than among Active Duty members, as measured by changes between the post-deployment health assessment (PDHA) and post-deployment health reassessment (PDHRA) (Milliken, Auchterionie & Hoge, 2007). Reserve component members appear to be at greater risk of deployment-related alcohol problems (Jacobson et al., 2008). The Institute of Medicine has concluded that deployment to a war zone is positively related to mental health disorders, alcohol abuse, accidental death and suicide, and marital and family conflict. However, not enough evidence yet exists to conclude a causal relationship.

Negative Impact of Combat and Combat Stress on Relationships

Combat deployment generally appears to be bad for relationships. Since 2003, family separation has been more strongly related than any other concern to mental health problems reported in the Mental

Health Advisory Team (MHAT) studies (MHAT, 2008). Depending on pay grade and how long members have been deployed, up to 30 percent of deployed service members indicate that they plan to separate from or divorce their spouse following return (MHAT, 2008). In addition, relationship issues are implicated in most suicides (MHAT, 2008). Those in the Reserve Component exhibit a greater rise in relationship concerns than do those in Active Duty, as measured by the PDHA and PDHRA (Milliken, et al., 2007). However, the most definitive study to date (Karney & Crown, 2007), which examined personnel records for 560,000 service members who married between 2000 and 2005, found divorce to be less common after lengthier deployments, a pattern that held true (especially for men, younger couples, and couples with children) across every branch and component except for Active Duty Air Force. Researchers cannot explain this finding; some have suggested that these couples do not have time to get divorced, or that the marriages are too new to show the consequences of combat deployment on the relationship. It is also possible that military family support programs may be working, thus helping these couples and families stay together.

Combat stress also has a negative impact on relationships. Multiple studies conducted in various countries have found that veterans of conflicts who exhibit symptoms of post-traumatic stress disorder (PTSD) and/or combat stress report having problems in family relationships due to their anger, hostility, irritability, and emotional numbing, which leads to a loss of intimacy and lack of sharing. Two smaller studies (Nelson, Goff, et al., 2007; Renshaw, et al., 2008) have found that one partner's combat stress is related to distress in both partners.

That said, it is important to keep in mind that overall divorce rates in the military population remain below those in the civilian sector, and that social racial differences in marriage patterns disappear in the military (Lundquist, 2004), with the prospects of black married men in the military being much better than in the civilian population. The lower divorce rates are likely explained in part by economic factors, since everyone in the military has a job (including benefits), which supports marriage. The military also offers additional financial incentives and other support to those who are married.

Going forward, further research on the impact of combat deployment and stress on relationships is needed, particularly with respect to the relationships of those who are not married. In addition, more research is needed on—and more support should be given to—female service members, whose marriages appear to be particularly fragile, with divorce rates twice as high as among men (Karney & Crown, 2007).

Validity of “Emotional Cycle/Spiral of Deployment” Model

The “emotional cycle/spiral of deployment” has generally been validated as a model of the normative or typical family experience when a service member is deployed. Several chapters and articles have elaborated on the model over the years; several variations on the model exist, with most versions including 5 or 7 stages tied to the operational structure of deployment—that is, before leaving, during deployment, and after the service member's return. However, virtually all available data represent cross-sectional “snapshots” rather than longitudinal “movies,” and thus researchers do not really know for sure how reintegration after deployment unfolds. Stage-based models, moreover, can be problematic, as the stages are more rigid and universal than real life.

MFRI has conducted several studies on reintegration, including a small, qualitative, real-time study of service members and family members in one small unit who were interviewed separately in their homes up to seven times during the first year following the return from deployment. A second, large retrospective quantitative study surveyed hundreds of service members about their recollection of events and experiences during the months since their return. This latter study (Willerton, 2009) found generally small fluctuations in psychological well-being during the first year home, with about 70 percent of returning service members following this pattern. However, the study also found significantly more variability across individuals than might have been expected, with some people exhibiting marked declines in reported psychological health and others experiencing more ups and downs. Clearly further investigation is required. Other research suggests that there are “phases” of relationship adjustment in the year following the service member’s return (Karrakurt et al, under revision), and that Reserve Component families may face unique factors during this adjustment period (Faber et al., 2008). Fathers face special challenges in re-establishing relationships with their children, including how to communicate with and reassure them (MacDermid et al., 2005).

Characteristics of Resilience

Most people display resilience following adverse events. Resilience is domain-specific—that is, people can be resilient in one area but vulnerable in others. Resilience is dynamic, not a trait. Resilience does not represent immunity from distress, and resilience training cannot serve as a “vaccination” for distress. Rather, resilience is a set of characteristics, skills, and resources that facilitate coping, recovery, and possibly even growth. It is not magic, although some people think it is. (MacDermid et al., 2008)

Cautionary Notes

Dr. Wadsworth offered some cautionary notes about interpreting the findings of existing research. First and foremost, researchers do not know as much as they think. In fact, the same research findings often get repeated multiple times, which suggests they may be based on strong evidence when in fact they may not be. Most research has focused on Army families, who may or may not be representative of other branches. In addition, the research may be too narrow, with most studies focusing on distress, concerns, and symptoms, including partner symptoms, related to combat deployment. More importantly, researchers know far more about how often things happen than they do about how, why, or under what circumstances they occur. They also know very little about the unmet needs of families who need help but either cannot or will not seek it. In addition, current research may be misleading due to the “tyranny of the mean” or “distractions of the dashboard.” Insights come not only from examining the “average” experience, but also from understanding variability and unusual subgroups with urgent needs. Finally, too much of today’s knowledge comes from the “gray literature” rather than peer-reviewed control studies.

Going forward, the need for research should be balanced against the burden such research imposes on military families (many of whom feel “over-studied”). Several barriers exist that delay and impede worthy studies, and it may take multiple studies to achieve clarity of understanding on an issue. Fortunately, even though relatively few studies have been published in the scientific literature thus far,

many studies of deployment are ongoing, and hence the knowledge base should expand considerably over the next few years.

Provocative Suggestions for Moving Forward

Dr. Wadsworth offered the following suggestions for moving research forward and expanding knowledge and understanding of the challenges and needs facing military families:

- Find ways to make more use of existing records to assess the effectiveness of programs, policies, and practices, and publish results in the scientific press. Much of the work in the gray literature is not seen by researchers, and not taken into account as they continue their work.
- Find ways to facilitate more rigorous methods to assess effectiveness through control or comparison groups, randomization, fidelity assessment, and the like.
- Make sure issues related to “how,” “why,” and “for which people under which conditions” get attention (in addition to the “how much” question). For example, a recent study compared differences in markers of insecurity for the children of “less responsive” and “more responsive” mothers. The study found that for the children of less-responsive mothers, the mother’s level of distress and the father having been in combat were key markers of insecurity. But for the children of more responsive mothers, financial resources and deployment history mattered much more.
- Make sure programs, policies, and practices, pay adequate attention to family diversity. Studies should account for diversity in family structure, including groups such as step-families, single-parent families, and dual-service families (including families with non-residential children). Studies should also include cultural or ethnic minority groups (including service members with foreign spouses), families of single or female service members, and families with other kinds of diverse or special needs.

Supporting Military Families Today and Tomorrow

Dr. Beth Ellen Davis, COL (ret.), USA, MC, Developmental Behavioral Pediatrics at Madigan Army Medical Center, built upon Dr. Wadsworth’s presentation by reviewing research on the demographics of military families and the impact of service on those families, and by outlining her views on what that research suggests about how to better support military families today and into the future.

Who Are Today’s Military Families?

Military families enjoy many rewards, but face many challenges as well, including supporting the service member’s mission; dealing with deployments, separations, isolation, and being long distances from extended family support (e.g., on overseas assignments); adjusting to frequent moves and the associated relocation issues; and trying to fit into a large organization.

Forming an accurate picture of today's military families is the first step in developing effective programs to serve them. Data from DoD on the demographics of the military in 2007 suggest that significant changes have occurred since the Vietnam War, when 85 percent of military members were drafted (and hence not planning a military career) and the vast majority were unmarried. By contrast, today's all-volunteer force includes 3.5 million military personnel (32 percent smaller than in 1990), consisting of 1.4 million Active Duty members (with 1.9 million dependents), 1.1 million Reserve and National Guard members, and 800,000 DoD civilians. Roughly half of these service members are married and a similar percentage planned on having a military career. Over 40 percent of Active Duty and Reserve members have children, with the single largest group of children (40 percent or more) being under age 5 and the vast majority (90-percent plus) being under age 18. Nearly 15 percent of Active Duty members and over 17 percent of Reserve members are women (many of whom with husbands and children), while roughly 5 percent of Active Duty members and 8 percent of Reserve members are single parents, below levels found in the general population. The majority of these single parents, however, are young, minority women who need assistance with child care.

Demographic data shows that the military family tends to be younger, more educated, more likely to have health insurance, more likely to be a minority, less likely to be a single parent, and more likely to live outside the U.S. than the typical American family. Most military children are in young, junior-enlisted, Active Duty families. Half of spouses work outside the home (93 percent of these individuals are female) and hence need reliable, safe child care. Over one third of military members identify themselves as being a minority, highlighting the need for an understanding of cultural family issues.

What Research Suggests About the Needs of Military Spouses and Children

Military children represent the largest at-risk group in need of support. Since a child's development depends on the health and security of his or her parents, children and parents cannot be evaluated in isolation. "Generation nexters" (18 to 25 year-olds) represent a special group of military children, as they tend to be addicted to the media (including 24-hour war coverage). These savvy children (and their parents) want to use the latest technology to pass information between the war zone and home. They place a high value on family and social life, and tend to be optimistic and self-reliant, with a can-do attitude. They remain resilient in the face of adversity and prefer team approaches and flexible hours, but also need supervision in new situations, appreciate input from mentors, want a clear picture of expectations, and embrace diversity. But like any military child, generation nexters face tremendous stresses and challenges, including dealing with extended parental absence, an increased sense of danger, and frequent changes in regular roles and routines. Research from other situations (divorces, incarceration) can help in understanding their needs, but one also must understand the unique challenges that deployment of a parent to a war zone entails before developing interventions and support services that can help.

Fortunately, some research exists that can help shed some light on the challenges being faced by military spouses and their children. For example:

- When a spouse deploys, mothers/wives have more symptoms of depression and increased stress (Jensen, 1986), and family cohesion and structure declines (Kelley, 1994).
- When a parent deploys, children have more behavior problems (Rosen, 1993) and symptoms of depression and anxiety (Jensen, 1989).
- Preschool children with a deployed parent are more likely to exhibit disruptive behaviors in child care and to have an at-home parent with depressive symptoms (Chartrand, 2008). Because this study evaluated a small cohort of families in child care during short (four-month) deployments, it may underestimate the reaction of preschoolers to deployment.
- One in three school-age children with a deployed parent have increased psychosocial problems, with anxiety being the most common symptom; having college-educated parents, a sense of military and community support, and employment by the spouse helped to mitigate these effects (Davis, 2009).
- Thirty percent of the children of deployed parents self-report increased psychosocial problems, compared to just 8 percent of military youth not experiencing deployment (Aranda, David, submitted 2009).
- Deployment may be associated with increased rates of child maltreatment, especially neglect, with rates being three times higher during deployment than non-deployment (Gibbs, 2007; Rentz, 2007).

Understanding the stress faced by military spouses and children is especially important, as such knowledge helps in developing programs to assist in managing that stress. A book entitled *From Neurons to Neighborhoods* (Shonkoff and Phillips, eds., 2000) posited that a spectrum of stress exists for individuals. Many individuals experience “positive” stress, such as what occurs prior to taking an exam, which helps individuals to focus and use time more wisely. This moderate, short-lived period of stress may be uncomfortable, but it has positive links to development. The next (most common) level of stress is known as “tolerable stress,” which may require short-term support to promote a return to normalcy. However, the stress faced by military families can often reach “toxic” levels, becoming too much to bear and requiring immediate attention. At its most severe, stress levels become traumatic, such as after the loss of a parent or as a result of child neglect or abuse.

Not surprisingly, deployment is stressful for the vast majority of military families, and military children frequently experience severe levels of stress, with 20 to 25 percent of parents with a deployed spouse reporting that their children “teeter” between experiencing tolerable and toxic levels of stress. Families with pre-existing adversity (e.g., mental health or financial problems, poor social support) face a much higher risk of experiencing toxic stress, while families with more than five years of marriage, higher levels of parental education, and a sense that the military supports them fare better.

Chronic stress negatively affects learning and the ability to adapt, and often leads to behavioral problems at home or in school/day care. In addition, the sense of helplessness that accompanies stress

can cause health problems, including increasing blood pressure, making asthma and diabetes more severe, and causing heart attacks. Research suggests that during separation and other sources of perceived danger, the single most important factor for children is the coping and resilience of the at-home parent.

While research sheds much light on the challenges faced by military families, more knowledge is clearly needed in certain areas, including the extent to which stress affects families and the supports they need to deal with it. Little quantitative data exist on what current military families need, when they need it, or what resources they use. In addition, little or no outcomes data exist on the impact of programs on soldier readiness, retention, and resourcing, or on the “dose effect” of multiple deployments. Finally, little is known about child abuse and child neglect in military families, or on the differences between Active Duty, Reserve, and National Guard families.

What Should Be Done Going Forward

In addition to conducting more research to fill in knowledge gaps, a new approach needs to be developed for serving the military family, one that recognizes the integral role of family function, resiliency, and support in promoting military and unit/service member readiness. This new approach needs to embrace the opportunities for virtual support for young, technologically-savvy families and provide a single “military home” to coordinate social support and health care services for military families. The approach needs to be:

- **Preventive:** The focus should be on preventing avoidable (sometimes fatal or otherwise irreversible) situations and conditions, such as child abuse.
- **Accessible:** Programs and services need to be readily available to all military families, be they Active Duty, Reserve, or National Guard, and regardless of whether they return to their home of record after deployment.
- **Family-centered:** Children need to be assessed, monitored, and treated in the context of their family and its support structure.
- **Outreach-able:** Families can become overwhelmed by the responsibilities of deployment, including single parenting and dealing with the stress of a spouse being in danger. As a result, they often do not “come in” for support. Many, in fact, do not feel that they need mental health-based support.
- **For all ages:** Because school-based resources serve only half of military children, services must also be provided in day care and other facilities. In addition, efforts should be made to minimize disruptions during the academic year.
- **Community-based:** Military and social support programs need to be available in local communities where off-site families reside, including services to assist with school, child care, financial and legal issues, housing, and assignments.

- **Measureable:** Longitudinal, outcomes-based data should be collected to gauge program impact over time.

Developing such a system will not be easy, as it must work and not just “look good on paper.” One relevant model for providing such services comes from a medical home model for child health care. This approach, originally developed in 1960, has been getting increased attention as part of the health care reform debate. The model provides a single point of entry to assess risk, resources, and resiliency, with a bilingual care coordinator performing this task as needed. The coordinator then lines up the spectrum of support that the child needs.

Under this model, military families are assessed by a bilingual coordinator to assess the level of risk and their associated support needs. As shown in the chart, the 80 to 85 percent of families experiencing tolerable levels of risk would be referred to a wide range of commonly needed support services, including case management, child care, housing, health care, legal assistance, support groups, etc. The 15 to 20 percent experiencing toxic levels of stress would receive additional support, including referrals to primary care services, respite care, and other family intervention programs. Finally, the roughly 5 percent of families experiencing traumatic levels of stress would be referred to more intensive support, including mental health services and other specialized programs related to bereavement and traumatic stress. Families would be periodically reassessed, moving up or down the “military home” based on their risk and resiliency stratification.

This approach recognizes that no two families and no two deployments (even within a single family) are alike. Rather, it recognizes that a one-size-fits-all, top-down approach will not be effective; instead, it individualizes support for military families to the specific family being served. Most families will need a broad spectrum of support services that are coordinated, comprehensive, continuous, focused on prevention, family-centered, accessible, and culturally responsive. While achieving such a system may seem impossible, it can be done. The key to success is to develop a mutually reinforcing partnership between families and the military. As a 1983 white paper noted, strong families make for a strong military, and hence every effort must be made to adequately reinforce the military-family partnership.

The nation needs to invest in this partnership not only because it will enhance the mission readiness of the military, but also because the country has an ethical obligation to honor and support those who serve and defend it.

Military Family Needs Assessment Project

Dr. Angela Huebner, Associate Professor in the Department of Human Development at Virginia Tech, built upon the previous research presentations by describing and sharing early results from an ongoing study on why military families may not be using services available to them. The goal of the study is to understand this gap between access and actual use by conducting an assessment of current needs related to educational programs and support networks targeting military youth and families.

Background

The project involves use of “listening sessions” (being held in 2009 and 2010) with service members and spouses in all major branches of the military. These sessions include face-to-face meetings, Internet surveys, and phone interviews. As of October 2009, two listening sessions had been held. The project will continue into 2010, with more listening sessions, surveys, and phone interviews to be completed by March, data analyses to be conducted in April and May, a draft report to be developed by June, feedback from OSD to be delivered in July, and a final report to be released in September.

Questions asked during the listening group sessions focus on the process of accessing and using services, including the following:

- Where do you get information about resources available to support you and your family?
- What programs/services are you, your spouse, and/or your children currently using? Are they provided by the military? By your community? Online?
- How are these programs/services useful to you and your family?
- What is missing and/or could be improved about these programs/services? From the military? By your community? What barriers exist to accessing resources?
- What has been your experience with Military One Source?
- If you were in charge for a day, what would you do to help military families like yours in terms of programs and services?
- What are the challenges that your children face? Are you aware of resources that can help in meeting these challenges, either in your community or in the military?

Preliminary Findings

Some very early preliminary findings have been formulated based on the several listening sessions that have already been held, primarily with Active Duty and Reserve members in the Navy.

- **Information sources:** Information sources tend to be both formal and informal, including the commander, ombudsman, fellow service members, friends, and family. Many families rely on Internet searches of both military and civilian online sources, and on military and civilian community sources. Informal support tends to be very important, with many families using the formal mechanisms just to bring them together with other families for informal networking and support. Those in the Reserve, not surprisingly, tend to rely more on community resources, since they live off base.
- **Barriers:** Barriers to accessing services can be both internal and external. Internal barriers include the failure to identify the need for assistance, as many individuals do not think they need help or fear the embarrassment or loss of pride associated with seeking such help. Some fear being labeled “non-deployable.” These internal fears relate directly to external

barriers, including the negative stigma associated with seeking services and the potential negative consequences of doing so. In some cases families receive mixed signals from leadership about whether it is wise to seek services. Finally, navigating the service system can also be difficult, creating another barrier to access.

- **Military One Source:** Those who use Military One Source report being pleased with it. But others admit they have heard of it but have no idea of the depth of resources available. Use seems to be contingent on how long the site has been in place at--and supported by--a particular Service Branch. Because the site can be overwhelming to all but the most Internet-savvy individuals, some respondents suggested categorizing all options and then advertising the categories, rather than just marketing the program acronym, MOS.
- **Community support:** Views on the level of community support vary. Not surprisingly, Reserve families generally find high levels of support in the community, while Active Duty families report less support, sometimes noting an “us-versus-them” mentality among community members.
- **Support for individual augmentees:** This issue, brought up spontaneously by participants in the listening sessions, clearly needs more attention and support. Generally, there was concern about the lack of inter-service communication and requirements related to individual augmentees.

Listening sessions participants offered the following advice for improving access to services and ensuring that family members get the support they need:

- Create a regular schedule for checking in with family members during deployment.
- Make sure that the military has the right contact information for the family, which can be difficult to do given frequent relocations.
- Mandate inclusion of spouses in pre-deployment briefings, even if it means a command letter needs to be sent to his or her employer; spouses need to know the support services available to the family.
- Reconsider the timing of the demobilization process so members can provide more accurate information to family members.
- Whenever possible, have a “live person” serve as a resource for the family, preferably a local one for easier access. While this approach may not be realistic everywhere, most family members do not want to convey personal information through an automated line. In addition, so much material is covered during the pre-deployment briefing that spouses often forget relevant information when they actually need the service. Having a real person to turn to can be quite helpful in these situations.

These early findings are consistent with those of another recent study, the Army's *Geographically Dispersed Task Force Study*, or GDSFS. This study, launched in June 2008, involved site visits to 68 locations with more than 6,000 soldiers and family members. These visits queried perceptions of awareness, accessibility, and use of various support services across the continuum of care. Key findings included use of the Internet as the first source of information; a sense of being overwhelmed and confused due to the number of websites and required navigation; increased awareness of services related to being mobilized as a unit rather than cross-leveled; the importance of family participation in re-integration events, particularly with respect to orienting the family to available resources; the need for face-to-face contacts and tailored support; and the importance of promoting awareness so as to enhance access to and use of services, as those who were more informed reported better access to services.

Summary

The research highlighted above suggests that the key issue is not what programs do and do not work, but rather what works under what conditions. No one-size-fits-all approach exists. Rather, efforts must be made to tailor communications and programs to ensure that information is conveyed and services provided at the right time, through the appropriate mechanisms, and under the right conditions. The correct approach will vary depending on the unique circumstances of an individual family—for example, children act very differently and have very different needs when a parent is deployed than when he or she is at home.

Stress of Deployment on Military Families: A Review of Research Reports and DoD Survey Findings

Dr. Rachael Mapes, Special Assistant for Policy, Planning, and Evaluation in the Office of the Deputy Under Secretary of Defense for Plans, expanded upon Ms. Davis' presentation by reviewing common findings and implications from more than two dozen recent reports and research articles on the impact of deployment on military families, along with the results from surveys on this issue conducted by the Defense Manpower Data Center in 2006 and 2008 with both Active Duty (the ADSS survey) and Reserve Families (the RCSS survey). Key findings include the following:

- Active duty services members prefer some deployments to none at all—especially those who joined the military after the terrorist attacks of 9/11 (Hosek, 2004; Hosek et al., 2006; Karney & Crown, 2007).
- Families adapt better to deployments if they understand the value and purpose of the mission (Booth et al., 2007; Rohall & Martin, 2007; Weins & Boss, 2006). Feeling that the deployment will have a positive impact on the service member's career helps as well.
- Longer deployments (more than one year) are more difficult and lead to increased family problems (Booth et al., 2007; Hosek et al., 2006; Karney & Crown, 2007; Kirby & Naftel, 1998). This is especially true for those who have children. Most families want more lead time to prepare for long deployments. In addition, the adverse effects of stress are caused

by differences between the expected and actual length of deployment, as predictability is very important. In fact, coming home early from a deployment can also be perceived as stressful.

- DoD surveys suggest that for the majority of spouses, time away does not affect support for the spouse's military career (2008 ADSS; 2008 RCSS). Two-thirds of active duty spouses and 69 percent of Reserve component spouses reported no increase or decrease in support of their spouse's military career. The remainder split almost 50/50 on whether time away increased or decreased their support. Spouse support is a major predictor of whether a service member stays in the military.
- Active Duty spouses have many concerns during deployment, with the most common being loneliness (with 90 percent experiencing it to some extent), concern about the safety of the service member (84 percent), and feelings of anxiety or depression (83 percent). (ADSS 2008) In a separate Army survey, in fact, only one third of spouses felt they could cope with the loneliness effectively. Spouses of deployed Reserve members have similar concerns, with one exception—dealing with household repairs, yard work, and car maintenance is also a very important issue for them (RCSS 2008).
- Spouses incur additional expenses during deployments, including for phone service (cited by 56 percent of Active Duty spouses) and child care (47 percent). In addition, 31 percent report losing income since they cannot work as much, while 19 percent reported losing their jobs. (ADSS 2008) Reserve member spouses report similar financial issues, with the added burden of having additional financial outlays related to household repairs, yard work, and/or car maintenance (RCSS 2008). Because of the poor economy, the number of service member families reporting financial problems has increased in 2009 over previous years, across all pay grades.
- More than two thirds of deployed Active Duty and Reserve service members have at least one child at home (ADSS 2008; RCSS 2008). Deployment has multiple effects on these children, as outlined below:
 - Changes to roles and responsibilities create child and adolescent confusion related to their "place" in the family system (Huebner et al., 2007).
 - School-aged children are at risk for social-emotional problems, including anxiety, sadness, and social isolation (Cozza et al., 2005; Flake et al., 2009).
 - Adolescents of deployed parents tend to display conduct problems (Cozza et al., 2005; Flake et al., 2009; Huebner et al., 2007).
 - Spouses report negative changes in their children resulting from deployment, including increases in the following among children of Active Duty service members: levels of fear and anxiety (64 percent), problem behaviors at home (57 percent) and at school

(37 percent), anger about the deployed parent's military requirements (46 percent), and distress over discussions about the war (42 percent). (ADSS 2008) A similar impact exists for the children of deployed Reserve members (RCSS 2008).

- Active Duty spouses report many factors that positively influence their child's ability to cope with deployment, including the spouse's ability to maintain a stable household routine (93 percent cited this as important or very important), communication with the deployed parent (91 percent), temporary reunions with the deployed parent (87 percent), geographic stability during the deployment (86 percent), and the spouse's and other family members' support of the deployment (82 and 80 percent, respectively). (ADSS 2008) Spouses of deployed Reserve members report similar findings (RCSS 2008).
- High levels of stress are common in military families. In fact, 47 percent of Active Duty spouses reported experiencing higher-than-normal levels of stress in 2008, up from 41 percent in 2006. (ADSS 2008, ADSS 2006) Research findings related to stress in military families include the following:
 - Deployment and duty-related separations are challenging for families, with stress being a normal reaction (Burrell et al., 2006; Hosek et al., 2006; Wiens & Boss, 2006).
 - Traumatic combat experiences must be addressed upon the service member's return, as lack of treatment is associated with emotional problems and a negative impact on the family (Hosek et al., 2006).
 - While deployment is difficult, so is the return home, with 28 percent of Active Duty spouse's reporting difficulty readjusting to their spouse's return home (ADSS 2008).
 - Changes in the service member after his or her return home also create stress for Active Duty military families. These changes can be both positive and negative. Positive changes include greater appreciation for family and friends (43 percent report this occurring to a large extent) and a greater appreciation for life (38 percent). But negative consequences include getting angry more quickly (29 percent), difficulty sleeping (28 percent), and becoming more emotionally distant (25 percent). (ADSS 2008) Reserve Component families report similar types of changes after the service member's return home (RCSS 2008).
- Marriages can suffer as a result of deployment. In fact, in 2008 39 percent of Active Duty and 44 percent of Reserve Component spouses report having some marital problems during deployment (ADSS 2008; RCSS 2008). For Reserve Component spouses, this figure represents a meaningful increase from 2006 (RCSS 2006). Divorce rates have increased between 2001 and 2008 for all Active Duty populations (except Navy men), with increases being especially large for female Service Members (Defense Manpower Data Center master files).

- Social support can be critical to healthy coping, including supportive social relationships (Spera, 2008; Wiens & Boss, 2006). Spouses with more social support report less stress. Children and adolescents who feel supported by others cope better (Perkins & Borden, 2003), while unit support and informal support is important to creating a sense of community (Bourg & Segal, 1999; Bowen et al., 2000; Burrell et al., 2003;). However, National Guard and Reserve families are widely dispersed and typically do not have access to the same level of informal community support (Carroll et al., 2008; Faber et al., 2008; Wisher & Freeman, 2006), even though 70 percent of Reserve spouses feel that support from the military community is important to coping with deployments.
- Communication between the service member and the spouse remains essential to coping, but many still experience technical problems with communication during deployment. In fact, consistent, regular communication between the service member and the family during deployment is critical to creating a sense of connection and family resiliency (Bell et al., 1999; Wiens & Boss, 2006). Roughly nine in 10 (91 percent) spouses report that communication is important to their child's ability to cope with the deployment. Yet 70 percent of Active Duty and 69 percent of Reserve spouses report having technical problems with communication during deployment (ADSS 2008, RCSS 2008).
- Deployment does have some positive effects. Active Duty service member spouses report that deployment can bring increases in the following in their children: closeness to family members (48 percent), degree of pride in having military parent (39 percent), level of responsibility (36 percent) and independence (33 percent), and closeness to friends (31 percent). (ADSS 2008) Spouses of Reserve Component service members report similar findings for their children (RCSS 2008). Deployment can have a positive impact on spouses and service members as well. Nearly three quarters (74 percent) of Reserve Component spouses report that deployment has resulted in an increase in their personal strengths, including level of independence (67 percent), confidence (54 percent), and other strengths (48 percent). (RCSS 2008) As noted earlier, many Active Duty and Reserve Component spouses report that the deployed spouse returns home appreciating their family and friends more, valuing life more, and having greater confidence (ADSS 2008, RCSS 2008).

Key takeaway messages from this research include the following:

- There are signs of increasing levels of stress on spouses and children; in fact, adolescent children in military families are seeking more inpatient services.
- Stress has a disproportionate impact on the families of younger troop members, who remain less aware of available resources (and hence do not use them as much) and who face more financial problems than do the families of older service members.
- Regular communication is critical to effective coping, not just between the spouse/children and the service member, but also between the military and family members.

- More needs to be known about what factors enable or hinder family participation in supportive programming; how families experience different points of the deployment process (e.g., before, during, and after); how multiple deployments affect families and children; the risk and resilience factors associated with spouse, family, child, and adolescent responses to deployment; and how military life affects the strength of the service member-spouse relationship.

Both current and future DoD research will be examining these and other issues, including a longitudinal survey of Active Duty families to be launched in the Spring 2010. This survey will target over 100,000 spouses, with some service members to be paired with their husband or wife to create a paired-couple database. Another study, currently in the planning stages, will seek to understand the effects of multiple deployments and to identify factors that promote resiliency in families and children of deployed service members. Other projects will examine the impact of Military Family Life Consultants and of Military One Source Counseling.

Appendix A

Feedback from Summit Participants

Much of the summit focused on getting feedback from attendees on the challenges and issues they face, key priority areas and appropriate goals/scope for family support programs, and key action items and next steps going forward. To that end, the summit included a panel discussion among military spouses, a series of breakout sessions, and electronic voting among audience members on the most critical issues, priority areas, and action steps going forward. This section summarizes those sessions.

Reflections from a Military Family Panel

A panel of nine Active Duty, Reserve, and National Guard spouses shared their personal insights and experiences as military family members and community leaders.

Question 1: What are the most difficult challenges that your children face?

Mrs. Brandi Goosey noted that while many resources exist to help families, she would like her children to have a support group to talk about their feelings with their peers and to build a source of support during deployments. While written materials, videos, one-on-one meetings, and other resources help, there is no substitute for having peer support. Her five-year old son, for example, had been acting inappropriately with her for several weeks before he finally articulated that he blamed her for his father's departure. In his mind, since she had dropped his father off at the airport, it was her fault he was gone. While she ultimately was able to address the situation, a support group likely would have surfaced and helped to address the problem more quickly.

Mrs. Patricia Davis' fifth-grade son decided to visit the school counselor rather than talk with her about his feelings. She later realized that because her husband had instructed the son to be "the man of the house" and "take care of his mother and little brother" before leaving, the son did not feel he could ask his mother for help. The counselor proved to be very helpful in addressing the situation. However, not all public schools perform so well in serving military families, as the quality and consistency of education varies across communities. Her children began in private school, then went to public school, and are now back in private school. The family previously had two incomes, but now has just one. Mrs. Davis strongly believes that private school currently represents the best option for her children, but many military families, particularly those with just one wage earner, cannot afford private school tuition.

Mrs. Melida Collins, who has a child with special needs, noted that some schools do not have liaisons with military families, and hence do not serve them effectively. When her family moved from California to Fort Belvoir, she discovered that the previous school had not conducted promised testing of her child. As a result, the new school remained unaware of his needs. She feels that the public schools need to offer more proactive counseling, and, like Mrs. Davis, noted that many families cannot afford private school tuition. (She has four children, one in college). At times she feels like no one is there to support her. This lack of support was especially pronounced in California, as they did not live in a military community.

Question 2: What are the most difficult challenges you face?

Mrs. Anna Ours is the wife of a reservist who has been activated. Her family receives pay and benefits as if her husband were on Active Duty, yet he is still considered a reservist. Her family's greatest challenge is living so far away (two hours by car) from the nearest military post. In fact, she's a leader at a post that is 2.5 hours away. Getting access to health care services is also a big challenge, as many private physicians do not accept those covered by Tricare. One of her daughters experiences non-epileptic seizures, and finding a specialist to diagnose and treat the condition proved quite difficult. Another challenge came when her children turned 21, as they were automatically dropped off the Tricare rolls. She had to be vigilant in completing the paperwork to get them re-enrolled. Much of the problem relates to a lack of knowledge, as it can be difficult to navigate the Tricare system. And as the spouse of a reservist, she did not know how the system worked or who to call for assistance.

Ms. Leanne Miller faces challenges as a young Reserve spouse new to the military. She relocated to join her husband on a base, and shortly thereafter relocated to another base. After the second relocation, the family moved into a rented house in the local community. But the house created several challenges for the family, including exposure to asbestos. When her husband deployed, he could not leave the family in this situation, so the family hurriedly moved to base housing before he left. Mrs. Miller had to quickly learn the military system. But while spouses of Active Duty members can take formal classes to become indoctrinated, spouses of Reserve members do not have access to such classes. So she had to learn about the military system, including Tricare, on her own. She wishes that the Navy had proactively reached out to her family to provide information about all the available resources. But instead she had to learn and adapt to the military culture on her own, including learning about its policies and procedures and becoming socialized to its culture. The effort required initiative on her part, but not every military spouse will take such initiative.

Question 3: What do you consider to be the best and most reliable sources of information about family support resources?

Ms. Miller began researching options after going to a new town. Only after six months did she learn about the availability of a new spouse orientation session. Today her first stop at any new base is to the Fleet Family Support Service Center, which offers an orientation workshop on moving. Staff members at these centers are very helpful, and if they cannot help they will find out who can. Employees at these centers wear civilian clothes, which makes it easier for her and other spouses to relate to them.

Mrs. Goosey did not grow up in the military, and her first military experience was in Germany. Overseas facilities tend to have more support for families than do military bases in the U.S. She felt like she had ample support in understanding and using available resources and services, including assistance in learning what was available on and off the base.

Mrs. Patricia Russell, a member of a National Guard family, noted that for new spouses, family resource readiness centers play a huge role in conveying information about available support, including classes on moving and financial issues and help in securing access to child care. She lives in a wonderful community with supportive schools for military families. While the schools do not have formal liaisons, they are very

sensitive to the issues facing military residents, since so many live in the local community. The schools do an excellent job in looking out for the unique issues facing military children after deployment of a parent. She also finds the Military One Source website and *Military Spouse* magazine to be excellent resources, although Military One Source can be difficult to navigate and digest due to the overwhelming volume of material on the site. But staff at the family readiness center can be quite helpful in assisting with site navigation.

Ms. Rhonda Owings, a Navy spouse for 16 years, noted that the availability of resources, and knowledge about those resources, has expanded over time. In addition, the resources have become more relevant and pertinent to the lives of military families. She has used the Fleet Family Service Center in many ways, including for employment-related services (e.g., for assistance with resumes and interviewing) and for assistance in identifying and choosing schools for her children. She also finds Military One Source to be a wonderful resource, although she agrees that it can take a while to digest the vast amount of information. While Fleet Family Services has improved markedly over time, she has also found it useful to seek support from community organizations and churches (e.g., local YMCAs, which may offer free memberships and subsidized child care in communities far from a base), especially early on in her husband's career. She concurred that new military families are often unaware of available resources, and suggested that the military make more of an effort to reach out to new families. In some situations, younger spouses can turn to older ones for assistance.

Question 4: Which programs and services are most valuable to your family?

Mrs. Jena Moore highlighted two services. The first, which has been invaluable to her, is child care services for her son (age 2) and daughter (age 4). She has used child development centers (CDCs) both in Yuma, AZ and in Quantico, VA. But she has found that capacity for such services has not been adequate. In fact, she often has to get up very early on Mondays to secure a drop-in slot; accessing this child care is critical to her ability to keep her sanity, as it allows her to spend time with girlfriends (who serve as an essential support group) and to run needed errands. But if she does not get there early enough, she ends up at the bottom of the waiting list. The second critical program was a volunteer network sponsored by the wives of Marine Corps squadron members who serve as "go-to" people. This network proved quite valuable at one base where the Family Readiness Officer (FRO) was a "bitter" lieutenant who did not provide much support. Instead, the volunteer network served the same role, bringing together wives into social networks so they could support each other. In Yuma, however, the FRO served in this capacity, working 40 hours a week to offer expert, proactive advice, including running a new mom support group. At her next two scheduled deployments, FROs will also play this role.

Mrs. Collins also uses the CDCs to care for her two-year old. But as Mrs. Moore suggested, securing a drop-in slot requires getting to the center by 6 am. Because she has no family in the area, she relies on the CDC for child care, as she does not like to place her child in a private home in the community. The CDC is an excellent facility, providing kind, loving care, with staff treating her child like their own. Her child has special needs and cannot participate in regular contact sports. Yet the CDC caters wonderfully to his needs, offering swimming and a science club, two activities that he greatly enjoys. The center also

sponsors many activities during the holidays. In addition to the CDCs, Mrs. Collins makes use of religious programs through a local church, primarily interfaith programs that keep her children busy. Off post, she uses the local YMCA and local churches, and calls on neighbors at Ft. Belvoir, who function as her family by sharing babysitting duties, food, etc.

Question 5: What needs do you have that are not being met by the military or the community?

Mrs. Karen Beaudreault reiterated that the CDCs are wonderful, but lack adequate capacity to meet demand. Spouses need access to child care in order to work, attend military functions, and maintain their sanity by tapping into social networks.

Mrs. Davis also believes that adequate child care capacity represents the most important unmet need. But she also highlighted the fact that once an unmet need is identified, someone on the base usually steps up to meet it, with one of the spouses often being the catalyst. For example, the Airmen Family Readiness Center often picks up the slack by supporting mothers of preschoolers through a group launched by one spouse. At present, therefore, she no major unmet needs, as military families on her base have proven to be resilient and resourceful. She believes, however, that young spouses (those 18 or 19 years old) need mentors, as they do not know how to communicate and connect with each other. Assisting them is critically important to the service member as well, who needs to know that his or her family is being supported.

Mrs. Ours noted that Reserve families are very different from Active Duty families. If the reservist is not activated, his family does not enjoy the same benefits, including health insurance. And because reservists do not live on (or often near) military bases, the family does not have access to resources available on the base. She believes that something needs to be done to unite Reserve spouses so that they feel more a part of the military. If not, they may reach a point where they want nothing to do with the military, feeling that the only time they receive support is when it is time for their loved one to be activated and deployed. She believes that geographically disperse Reserve spouses should be brought together through virtual social networks that take advantage of today's technologies. In fact, she helped create a virtual support group online for Reserve family members all over the country. The group holds monthly conference calls, produces newsletters, and engages in other activities designed to make Reserve family members feel more involved.

Question 6: What policy and/or procedural barriers prevent you from accessing services?

Mrs. Owings highlighted the lack of information about available resources, noting that many military spouses simply do not know what is available. For example, bases without onsite child care facilities often offer drop-in or cooperative services where parents share duties. But not everyone knows about these services.

Mrs. Russell concurred with Mrs. Owings, highlighting the need for networking and outreach. She also urged the development of classes by Fleet Family Services on how to get appointments for medical care and generally how to navigate the Tricare system, which can be difficult to understand.

Question 7: What could civilian communities do to better support military families?

Mrs. Collins urged local communities to be more service-oriented and responsive to the unique circumstances facing military families. For example, a local court would not allow her to represent her husband in court, even though she had been given formal power of attorney. Military families, in fact, are sometimes ignored by the civilian legal system, which does not recognize that these families relocate frequently. The system needs to meet the families half way, not treat them as a stranger or alien in their own country.

Mrs. Ours suggested that communities need to better understand what it is like to be a military spouse/family. Many civilians do not understand the issues she faces, including the fact that she, like most military family members, did not choose to be in the military. She urged communities to develop family program offices or other resources to help military families understand the community-based resources available to them, including where they are located and eligibility requirements.

Mrs. Beaudreault called on states to work collaboratively, particularly for families with special needs children who move frequently. Because each state runs autonomous programs, families may spend a long time moving up the waiting list for special needs services in one state, but then end up at the bottom of the waiting list in another state after being forced to relocate. By coordinating programs and policies, states could treat these families more fairly.

Mrs. Russell called on communities to develop and execute a plan for serving military families, including assistance in getting children settled into new schools after relocation.

Mrs. Davis echoed the need for communities to better understand military families and their special needs, regardless of whether the community at large may agree or disagree with the specific military conflict going on. Civilians need to separate their beliefs about a particular war from how one functions and interacts with military family members, particularly when that family member may be a co-worker. The military family member is still a spouse, parent, and employee, with the same needs as any other worker. She also highlighted the importance of allowing for an adequate adjustment period for children after a parent deploys. Working spouses may need extra support during this time, as they try to keep their sanity while making sure their children are okay. Their civilian counterparts need to understand the challenges they face, and act accordingly toward them.

Mrs. Moore echoed the need for states to be more flexible in offering support to military families. For example, many families face a halving of their income when they relocate, as the spouse must quit his or her job and look for a new one (while also unpacking the house, finding a new school, and helping their children adjust). But because the loss of employment is generally considered to be “voluntary” (since the spouse moved voluntarily), military spouses typically do not qualify for unemployment insurance. In

addition, because state licensing laws vary, spouses in certain careers (e.g., nursing, teaching) may have to endure the time and expense associated with being re-licensed or re-certified, a cost that can sometimes be prohibitive. And as noted previously, these families may end up on the bottom of the waiting list for needed services, such as child care. Mrs. Moore called on states to consider accepting licensure/certification from another state, and to generally develop systems that cater to the practical realities of military life, including frequent relocations. Military families are strong and resilient, but the system often seems to be stacked against them.

Mrs. Owings reiterated Mrs. Moore's comments about certification. She used to be a certified special education teacher, but all those certifications lapsed as she raised her family and struggled to find child care. She and others like her need assistance in getting re-certified. She also noted that if one family member is helped, then that individual will help someone else, and soon the effort has a positive "ripple" effect throughout the community.

Question 8: If you were put in charge for a day, what would you do to better support military families?

Mrs. Beaudreault would enact policies to support Marine families in overcoming challenges, such as helping children who move frequently to meet graduation requirements for high schools, helping spouses to find employment, and effectively serving children with special needs. She would push to get all states to agree to the Interstate Compact; just over half have signed it thus far.

Mrs. Moore would develop policies, programs, and services for children with special needs, including those with autism (the autism rate among military children is 1 in 88, compared to 1 in 150 in the civilian population). At present, Tricare does not provide adequate coverage of therapy for autistic children, even though that therapy has been proven to help them become fully functioning adults (rather than requiring expensive care for the rest of their lives.) The key is to provide help during a child's formative years (under age 5). But many military families with autistic children must suffer through a 6-8 month process just to secure approval for therapy, after which Tricare only pays for 12 hours per week (below the recommended minimum of 25 hours).

Mrs. Russell would develop new social networking programs that provide someone for military spouses and children to turn to for advice, counseling, and assistance.

Mrs. Goosey would also focus on children with special needs, including autism. She has a friend who is struggling to get her child evaluated for autism. At first she had trouble finding anyone qualified to conduct the evaluation, and once she did, could not get an appointment for several months.

Mrs. Owings would focus on developing more outreach programs in local communities. In San Diego, for example, satellite offices and a mobile van provide outreach to families who live in the community. Excellent programs exist to support families, but a better job needs to be done in getting the information out to those who do not live on military bases.

Mrs. Collins would focus on improving the ability to secure appointments under Tricare. She would also address a housing-related issue—that is, families must pay rent on the first of the month, but then if

they receive orders to move during the month, they end up paying rent in more than one place at a time, thus creating financial hardship. This important issue does not receive a lot of attention.

Mrs. Davis would create a re-integration briefing to occur between four and six months after a service member returns from a deployment. She would let a military spouse qualify for unemployment benefits regardless of whether he or she is “voluntarily” leaving a position. She would also develop a career access program to assist with professional licensing and certification issues, and would create a voucher system that parents could use to help pay for private school (since the quality of public education varies across communities). Finally, she would create a one-stop shop for information on schools, so that families can make better decisions on where to send their children.

Mrs. Ours would focus on developing programs so that Reserve families do not feel like “second-class citizens.” Many people within and outside the military do not think of reservists as “real soldiers.” But many Reserve members have been activated, and they and their families face a whole set of challenges that those on Active Duty do not.

Ms. Miller would develop programs to address the needs of the “Generation Y” and “millennial” populations of military children, who have unique challenges and needs that are not often considered.

Key Findings from Breakout Sessions

The summit included three sets of breakout sessions in which attendees provided input on the most pressing challenges and needs they face, along with recommendations on priority areas and action items within these areas.

Introduction to Sessions

As an introduction to the breakout sessions, Mr. Thomas encouraged family members to provide honest feedback on their needs and to come up with an action plan for addressing those needs. In preparation for that, he highlighted the critical importance of evaluating the effectiveness of programs to ensure they are working and reaching families at the right time and the right way. He also noted some of the common challenges and concerns articulated throughout the summit presentations and panels, including awareness of available resources, reaching geographically dispersed families, supporting the new (more diverse) social fabric of service members, dealing with the strains of multiple deployments and reintegration, and dealing with the perceived stigma associated with asking for help.

Mr. Thomas reviewed the efforts of various branches of the military to develop plans and programs to address these needs, including the U.S. Army’s Family Action Plan; the U.S. Marine Corps Transition Programs and Behavioral Health initiatives; the U.S. Navy’s child care, education, and spouse employment programs; the Air Force’s Airman Family Readiness Centers, and the DoD Joint Family Support Assistance program. In addition, as noted previously, Military One Source has helped to reach the digital generation, providing virtual support 24 hours a day, not just between 8 am and 4 pm, as most offices do.

Yet clearly more work needs to be done to ensure that people become aware of available programs and get access to the right services at the right time. Achieving this goal requires listening to families and figuring how they want to receive information. Some of this work has already begun. In May 2009, a National Guard/Reserve Task Force convened to address how to better reach and serve geographically dispersed families. One key issue related to more clearly communicating services to families by developing a strategic communications plan and web-based resources. The task force raised concerns about eligibility for Yellow Ribbon programming and recommended making the Joint Family Support Assistance Program more robust in all 50 states and four territories. The task force also called for increased collaboration with local schools.

Also in 2009, the Joint Family Readiness Conference included focus groups of helping professionals that highlighted the following the need for the following: communication across the DoD enterprise; additional capacity for child care, both drop-in and ongoing; reductions in the perceived stigma and anonymity regarding access to mental health services; more funding for family readiness group programs; and better access and information about programs and services. Finally, in October 2009, the Military Family Readiness Council met for the first time, highlighting the need for the following: improved communication and clarification related to program access and eligibility; reintegration support to meet the challenges inherent with a high operational tempo; leveraging of existing technology to integrate service delivery across agencies; accessible, high-quality child care; and sustained spouse employment programs and initiatives. The council is considering recommendations to address these issues, with a final report scheduled for release in February 2010.

Successfully addressing these issues will require collaborative partnerships between the military and land-grant universities; possibilities include:

- Coordinating with the USDA Cooperative Extension System and land grant universities to provide local, direct programming with a curriculum tailored to military families.
- Partnering with the land-grant university system to allow greater access to university resources for military families, such as through distance-learning programs.
- Enabling land-grant university faculty to work on programs related to military family quality of life, including research studies, the development of a clearinghouse of promising practices for family support, and initiatives to communicate and evaluate these efforts.

Achieving these goals requires the development of an action plan. In fact, DoD is required to submit an annual report to Congress on its plans to support military readiness. Mr. Thomas hopes that this year's plan can be visionary in nature, laying out a clear action plan for how to address the key challenges facing military families, and to better serve and support them. In particular, DoD needs input and assistance from military families with respect to the following:

- Developing a comprehensive communications plan to reach all military populations and help them navigate the full spectrum of programs.

- Helping children cope with multiple deployments of their parents; research studies provide some insight, but families need assistance today.
- Reducing the stigma (both real and perceived) associated with asking for help, particularly mental health counseling, which is critical to coping with the extraordinary stress caused by multiple deployments.
- Engaging the community; the American public has been highly supportive of the military and wants to be part of the team. The question is how to tap into and further encourage that support.

In closing, Mr. Thomas emphasized the critical role that feedback provided during the breakout sessions can play in helping DoD to develop this Congressional report, and again called on summit attendees to be honest, candid, and constructive in providing this feedback.

Summary Report from Breakout Session 1: Unique Issues and Challenges

In the first set of breakout sessions, summit attendees divided into 10 small groups to discuss the unique issues and challenges facing military families. Key challenges to emerge from these discussions include the following:

- **Access to services:** Ensuring the right services at the right time, particularly for geographically dispersed personnel and their families. To ensure access, summit attendees called for more grass-roots, local level cooperation and partnerships.
- **Consistency of services:** Ensuring standardized, high-quality, predictable programs across components, locations, service branches, and installations.
- **Communication:** Effectively communicating information about programs, services, and resources to different military sub-populations, including generational cohorts and components, and communicating realistic expectations about these resources.
- **Health care:** Ensuring access to consistent, coordinated health care services across the care continuum for groups with special needs, including wounded warriors and family members with special needs (such as autistic children). Many summit participants noted the challenges associated with Tricare, especially for Reserve, National Guard, and other geographically dispersed families.
- **Psychological health:** Reducing the real and perceived stigma and other barriers associated with seeking and obtaining mental health and family support services, and providing screening and ongoing monitoring of mental health status after deployment. To meet this challenge, military leaders need to “walk the walk” by encouraging service members to seek help, perhaps by being the first to sign up for a mental health screening themselves.
- **Effects on children:** Reducing the challenges associated with obtaining high-quality child care, quality education (without disruptions), services for children with special needs, and

programs to help in dealing with behavioral, social, and other stress-related problems, including those caused by relocation.

- **Operations tempo:** Reducing the challenges associated with long deployments, multiple deployments, and short dwell times.
- **Relocation:** Reducing the need for excessive transfers, and providing assistance in dealing with the issues that transfers create, such as becoming a “geographic bachelor,” negative effects on a spouse’s career, school disruptions and other school-related issues, and access to child care.

A more complete description of the top-three challenges identified by each of the 10 groups appears in the next section of this report (Findings from Breakout Sessions), including the results from audience voting on the most critical challenge raised by each group.

Summary Report from Breakout Session 2: Priority Areas and Appropriate Goals/Scope for Family Support and Readiness Programs

Dr. Cathann Kress, Summit Coordinator in the Office of Family Policy at MC&FP, introduced the second breakout session, which focused on the appropriate goals and scope for family support and readiness programs, within the areas identified as key themes in the first breakout session. Discussions also centered on identifying priority areas and determining the appropriate allocation of resources across programs. Nine common priority areas emerged, as listed below:

- **An effective strategic communications plan**, both externally and internally, including use of technology and other appropriate delivery mechanisms.
- **Formation of collaborative partnerships**, including with land-grant universities/extension services, non-governmental organizations, community-based organizations, federal agencies, and within the military.
- **Systematic, ongoing program and systems evaluation** to increase program effectiveness, reduce redundancies, and guide resource reallocation decisions, thus creating a more agile system of support.
- **Improved support for children and youth**, including enhanced programs, services, and collaborations.
- **Improved access to quality child care**, especially for National Guard, Reserve, and geographically dispersed families.
- **Strengthening of family support systems**, both formal and informal.
- **Improved access to psychological and behavioral health support**, with a focus on promoting prevention and help-seeking by reducing stigma.

- **Enhanced access to long-term care** through expanded family outreach, advocacy, and referral.
- **Better support related to relocation** through a refocusing of strategies to reduce the negative impact on families.

Audience voting subsequently narrowed this list by identifying the top five of these priority areas, listed below:

- **Priority #1:** Program systems/evaluation
- **Priority #2:** Strategic communications plan
- **Priority #3:** Collaborative partnerships
- **Priority #4:** Psychological/behavioral health
- **Priority #5:** Children and youth

A more complete description of the top-three priority areas to emerge from each of the 10 small-group discussions appears in the next section, including the results of audience voting on the most critical of each group's priority areas.

Summary Report from Breakout Session 3: Action Items and Next Steps

The final set of breakout sessions were designed to identify high-priority action items and next steps within the five priority areas listed above. Common action items that emerged during these sessions included the need for the following:

- Systematic evaluation of programs based on established metrics to identify what works and under what conditions, with elimination of ineffective programs and consolidation of redundant programs and services.
- Strategic partnerships to provide effective programs and services, with clearly defined roles and expectations for each partner.
- Sustainable sources of funding for core, evidence-based programs and services, to ensure consistent service across all military branches.
- A strategic communications plan that effectively reaches out to military families, using the technologies and approaches that families prefer to ensure that the right message is delivered in the right way at the right time.
- A comprehensive effort to reduce the stigma associated with, and negative implications of, seeking support, especially for mental health issues.

- A comprehensive effort to reduce other barriers to accessing services, including inadequate capacity (e.g., in child care), limited hours during which services are available, lack of knowledge about available resources, geographic barriers, and other issues that limit access.

The next section provides a detailed list of the three most important action items identified by each group.

Appendix A

Findings from Breakout Sessions

This section provides more detailed descriptions of the key findings from each of the 10 groups that participated in the three breakout sessions.

Breakout Session #1: Key Challenges--Individual Group Reports

This section lists the top three challenges highlighted by each of the 10 groups during the first breakout session. The number in parentheses after each item indicates the percentage of summit attendees (as determined by electronic voting) who identified this challenge as being the most important of the three raised by the group.

Group #1

- Providing standard, consistent, predictable programs regardless of service component or location (e.g., on or off the base). (47 percent)
- Overcoming challenges related to the length of deployment and to multiple deployments, which can lead to stress on both the service member and family, including PTSD. (35 percent)
- Better access to easy-to-understand medical care and other support services. (18 percent)

Group #2

- Addressing the stigma associated with seeking and obtaining mental health and other family support services. (45 percent)
- Ensuring that military family members get the right resources at the right time. (36 percent)
- Preparing families to recognize and value the reality of today's rapidly deploying force and to see such deployment as a part of military life. (20 percent)

Group #3

- Effectively communicating information about available resources and programs to various generational groups at critical touch points, and thinking of communications as a marketing effort to be assessed and refined over time. (41 percent)
- Ensuring that everyone's health care needs are met in a responsive way, including those wounded in battle and those with special needs, particularly for geographically dispersed families. (40 percent)
- Prioritizing and evaluating policies and programs using appropriate metrics, so as to create accountability for program impact and resources. (20 percent)

Group #4

- Dealing with the significant impact of frequent transfers, which creates “geo-bachelors” and can have a negative impact on a spouse’s career, a child’s education, and the availability of child care services. (47 percent)
- Encouraging leadership to “walk the walk” so as to overcome the stigma of seeking help. (34 percent)
- Making family members aware of available services through marketing and outreach. (19 percent)

Group #5

- Establishing and communicating realistic expectations and effectively communicating about the various resources available to family members. (54 percent)
- Overcoming real and perceived barriers to accessing care and services, including inadequate hours, inaccessible locations, and the stereotypes and stigma associated with accessing certain services. (39 percent)
- Overcoming concerns about the dual role of the military as both a provider of services and the employer of the service member, which can create fear that seeking help will have a negative impact on one’s career. (8 percent)

Group #6

- Ensuring accessibility to Tricare for National Guard and Reserve families, who frequently face difficulties in signing up for coverage, often must travel long distances for care, and sometimes find that civilian providers will not accept their coverage. (41 percent)
- Supporting post-deployment psychological health, as mild traumatic brain injury and PTSD are often difficult to diagnose, and may not manifest until months after the service member comes home. (40 percent)
- Maintaining access to flexible, affordable, and equitable child care services for National Guard and Reserve families, but during deployment and in steady state. (19 percent)

Group #7

- Dealing with the unique challenges facing geographically dispersed personnel and their families, including isolation and stress, especially if the service member is injured. (38 percent)
- Navigating the support system, especially for Reserve families who often do not understand where they fit in, what services and programs they are entitled to, and who to call for assistance. (37 percent)

- Maintaining a positive relationship with employers of Reserve members when they are called to active duty, which can be difficult due to many unpredictable factors, including how long it will be before the reservist can return to work. (25 percent)

Group #8

- Ensuring consistency and continuity in access to and the quality of family support programs across services and installations, especially with respect to mental health services. (52 percent)
- Ensuring delivery and receipt of relevant information to families in need at the right time. (28 percent)
- Maintaining access to high-quality education and child care, including education for spouses. (21 percent)

Group #9

- Ensuring access to resources and programs by communicating the right information without “overloading” family members. (40 percent)
- Ensuring that leaders model appropriate behavior by, for example, being the first to line up for a mental health screen so as to signal that seeking assistance is normal, thus reducing the stigma associated with doing so. (31 percent)
- Assisting with financial issues, particularly for Reserve families, including securing or retaining employment and dealing with the financial impact of multiple deployments; many families do not want to admit they have a problem. (28 percent)

Group #10

- Minimizing the impact of deployment and transfers on children, especially those with special needs, including behavioral and social issues, parental stress, and the quality of education, particularly after relocation. (49 percent)
- Ensuring access to consistent, high quality health care services, with parity between mental and physiological health. (28 percent)
- Dealing with operational tempo, including short dwell times and multiple deployments, especially for non-traditional families. (23 percent)

Breakout Session #2: Priority Areas and Appropriate Goals/Scope-- Individual Group Reports

This section lists the top three priority areas for military family support programs, as highlighted by each of the 10 groups during the second breakout session. The number in parentheses after each item

indicates the percentage of summit attendees (as determined by electronic voting) who identified this priority area as being the most important of the three raised by the group.

Group #1

- Building sustainable, collaborative partnerships, including with groups in different niches, at a grass-roots level. (38 percent)
- Effectively communicating using evidence-based methods (including the latest technology), with ongoing refinement based on feedback from families on how and when they want to receive information. (37 percent)
- Ensuring consistency of support across branches and installations in core services. (25 percent)

Group #2

- Conducting an external evaluation of programs to eliminate both redundancy and ineffective programs, and then securing long-term funding issues for those programs that work. (41 percent)
- Improving communication and collaboration internally and externally, both at the individual and community level, so as to reach people with the information they choose to receive at the time they need it. (38 percent)
- Conducting a self-assessment to determine what is important to today's military families, how to respond effectively and in a timely manner to their needs, and how to work more effectively and efficiently with communities and collaborative partners to serve them. (21 percent)

Group #3

- Cultivating and empowering a culture of responsibility in service members and in leaders with respect to supporting military families. (43 percent)
- Providing appropriate long-term care for those seriously ill and injured, including necessary referral, outreach, and case management services. (29 percent)
- "Resourcing" the communicators (e.g., by using marketing professionals to assist them) so that they can provide appropriate information without overloading family members; changes in existing rules may be needed to provide this support. (28 percent)

Group #4

- Reducing the negative impact of relocations and promoting geographic stability so as to balance mission with family need, including support in maintaining employment (e.g.,

assistance in meeting state licensing and/or certification requirements) and continuity in academic and extracurricular activities. (36 percent)

- Developing a comprehensive communication plan using a multimedia approach to provide appropriate information at the right time for both the service member and his or her family, including access to a conduit to assist in finding information. (35 percent)
- Encouraging self-care and self-advocacy, such as through child care services, play groups, etc. that allow spouses and other caregivers to take a break from the grueling demands they face. (29 percent)

Group #5

- Developing a comprehensive, multidisciplinary strategy for serving children and youth, with the goal of mitigating the impact of the military mission on them. (43 percent)
- Revamping the funding process to ensure that the needs of families are met on an enduring basis. Many current programs are funded by overseas contingency funds rather than as part of the regular base budget. (31 percent)
- Developing a comprehensive strategic communication plan that makes use of cutting-edge technology; the goal should be to reach families regardless of composition, location, generation, service component, or place in the military family life cycle, providing them with the right information and services at the right time. (26 percent)

Group #6

- Measuring program effectiveness, and using the results to reduce redundancy in services and reallocate resources to the most effective programs. (43 percent)
- Fostering a flexible, agile service and information delivery system (both formal and informal), working with community resources (e.g., schools) that serve as trusted sources of information for Reserve and Active Duty families. (29 percent)
- Reducing bureaucratic barriers that limit the ability of private organizations to support service members and families; for example, present policies often make it difficult for private organizations to donate goods and services to military families. (27 percent)

Group #7

- Synthesizing research findings on the impact of military service on children and the effectiveness of programs to reduce negative effects related to deployment, separation, and other issues; this work should focus on children of all ages, including those under the age of 5 and teens. (38 percent)

- Developing a focused communication strategy to help families keep track of the many programs and services available through OSD, perhaps with a different theme or topic each year. (35 percent)
- Reducing the stigma associated with seeking services, especially mental health services; this effort should be realistic in nature, recognizing that today stigma can affect careers, such as by taking firearms away from those who seek mental health support. (27 percent)

Group #8

- Conducting a systematic and ongoing evaluation of the need for and effectiveness of various programs, so as to reduce redundancy and eliminate old, ineffective programs, thus freeing up additional funds for what really works. (50 percent)
- Ensuring that families understand their rights and responsibilities, have realistic expectations about what can be offered, recognize that the military lifestyle brings with it certain challenges, and feel empowered to address these challenges with support. (33 percent)
- Developing sustainable, responsive programs and policies, and providing predictable support in helping families find and access those services. (17 percent)

Group #9

- Reducing stigma and promoting help-seeking with respect to behavioral/psychological health, including helping family members recognize the signs and symptoms of problems (e.g., PTSD) and understand when to seek help. (54 percent)
- Providing comprehensive programs to promote the development and well-being of youth, including teenagers and “tweens”, through after-school programs, community activities, and other programs and services; efforts should be made to promote the availability of on-base programs to those who live off base. (26 percent)
- Addressing the diverse child-care needs of geographically dispersed families, especially National Guard and Reserve families who live in the community and may not have access to affordable child care. (20 percent)

Group # 10

- Allocating available resources to those programs and services that are most effective in sustaining readiness, recruitment, and retention of an all-volunteer force, and managing the expectations of military families with respect to those programs and services. (39 percent)
- Further strengthening relationships between the military and local communities through awareness and communication campaigns, with the goal of building community capacity to support military families; the American public believes that military families receive

generous benefits (e.g., medical care, child care), particularly in today's difficult economic environment, but they also must understand how much such families give back to the community. (37 percent)

- Organizing and executing purposeful horizontal collaboration across the many federal, state, and local agencies and programs that support military families, including recognizing situations in which a military family may be exempted from certain requirements in recognition of the sacrifice they are making. (23 percent)

Breakout Session #3: Action Steps--Individual Group Reports

What follows is a list of the three most important action items identified by each group during the third breakout session.

Group #1

This group felt that the overall goal should be to standardize use of evidence-based programs on appropriate target populations. To that end, the group recommended that the following three action steps be taken, an approach that should work across all five priority areas.

- Conduct a “data call” on existing programs and providers to understand what programs are available within each service, their target population/audience and eligibility requirements, the source of the mandate for the program (e.g., OSD directive, Congressional mandate), funding source(s), and evaluation metrics.
- Identify best practices and available resources to ensure that the right people are being served through evidence-based programs.
- Determine which programs are truly needed, and then institutionalize sustained sources of funding for them. This analysis should include recommendations for programs to be eliminated and/or consolidated, along with new programs to be implemented with built-in metrics to evaluate performance.

Group #2

This group emphasized the need to not “reinvent the wheel,” but rather to identify and spread those programs that truly work. To that end, group members agreed on the following action steps:

- Evaluate all programs to clarify their purpose and how they operate.
- Strategize about future needs and secure resources for those needs through simpler funding mechanisms.
- Communicate to, collaborate with, and educate all stakeholders, including families. Communication should focus on providing information, while education should assist individuals in doing something with the information. Both efforts should make use of the social media and other effective communication vehicles.

Group #3

This group recommended the following action items:

- Collaborate with land-grant universities to establish a vetting process for evaluating existing and proposed programs, since universities have expertise in this area.
- Develop partnerships between the community and academia, including behavioral health providers. For example, providers in level-one trauma centers could train military physicians.
- Develop a multi-pronged media approach to reach target populations, including specific generational groups. Make use of new and old technologies, including phone and computer applications and Military One Source. Review and consider revising service-specific policies that sometimes limit the ability to realize the potential benefits of a social media campaign.

Group #4

This group recommended the following action items:

- Suspend development of any new OSD programs that do not meet an established need and that do not have evidence-based metrics in place to evaluate whether they meet that need.
- Apply a Joint Basing (or similar) template for consolidating programs and establishing standards across services. This approach has worked well with child care programs and could be used in other areas as well.
- Use the template to implement priority issues identified at this meeting and the “Chicago” conference.

Group #5

This group recommended development of a comprehensive:

- Process to **evaluate resources**, identify gaps and overlap, and establish outcome measures across all agencies and services on a recurring basis.
- Plan to **collaborate** among civilian and military agencies, leveraging vetted services and resources.
- Multi-modal strategy to **communicate** throughout the military life cycle to internal and external audiences, including getting feedback from these stakeholders.

Group #6

This group recommended the following action steps:

- Identify those factors that most affect service members in terms of retention, readiness, and recruitment.

- Conduct a programmatic systems evaluation to determine the appropriate priorities and direction for each program, with a focus on understanding what works well under what conditions.
- Deliver and evaluate programs and services through collaborative partnerships with key stakeholders at all levels (especially land-grant universities), making use of technology to communicate in a personal way.

Group #7

This group recommended the following action steps:

- Evaluate current programs from both a quantitative and qualitative perspective to understand what programs work and why (e.g., how they effectively reach their target population). The goal is to learn from past successes.
- Determine which partners do which tasks well, and then define partner roles clearly; the goal is for partner organizations to complement rather than compete with each other.
- Develop a flexible national marketing/strategic communications plan at the service and installation levels, employing both a “top-down” and “bottom-up” approach. This plan should build upon and work with the current support system for service members and families, including churches and schools. The plan must fit their model, not vice versa.

Group #8

This group recommended the following action items:

- Identify, regularly assess, and promote evidence-based programs that meet the needs of military families, including understanding the core elements of effective programs.
- Ensure effective communication from DoD and the service branches to military families and the communities in which they live. To that end, continuously evaluate the communications system to ensure it remains timely and effective, tailored to the most critical times and transitions in military life.
- Define specific roles and mutual expectations for each partner, as these are vital to the success of any partnership.

Group #9

This group recommended the following action items:

- Identify the core family support services that any military family should expect to receive, regardless of service branch.

- Develop sweeping Unified Legislative Budget (ULB) authority to secure funding for these core services; this step will facilitate modernization of programs to reflect today's environment.
- Use the latest adult learning methods and communication technologies (including outreach) to develop and deliver support services; this process should be ongoing and take advantage of knowledge gained on how individuals learn and prefer to communicate.

Group #10

This group recommended the following action items:

- Hire a professional marketing firm to develop and execute a strategic communications plan that delivers the right messages for the right audiences at the right time.
- Conduct a systematic program evaluation using standardized performance metrics across all services for all comparable programs so as to ensure the delivery of high-quality, consistent service.
- Regularly solicit and evaluate feedback from customers, and then tailor programs and services accordingly.

Appendix B

Slides from Deputy Under Secretary of Defense (MC&FP)
Mr. Tommy Thomas



National Leadership Summit on Military Families

Appendix B



Common Concerns

- Awareness of available resources
- Reaching the geographically dispersed
- Supporting the new social fabric
- The strains of multiple deployments and reintegration
- Dealing with a perceived stigma associated with asking for help



Evolution of Family Support

- U. S. Army's Family Action Plan
- U. S. Marine Corps' Transition Programs and Behavior Health initiatives
- U. S. Navy's child care, education services, and spouse employment programs
- Air Force's Airman and Family Readiness Centers during the 'Year of the Military Family'
- DoD Joint Family Support Assistance Program



Guard / Reserve Task Force

- Clearly communicating services to families
- Yellow Ribbon Programming and Eligibility
- Expansion of the Joint Family Support Assistance Program



Joint Family Readiness Conference 2009 Focus Groups of Helping Professionals:

- Communication across the DoD enterprise Child care – both situational and ongoing
- A perceived stigma and need for anonymity regarding access to mental health services
- More funding for family readiness group programs
- Good programs and services are not always easily accessible or known to families

Appendix B

Appendix B



Military Family Readiness Council

- Communicating and clarifying program access and eligibility
- Reintegration – meeting the challenges inherent with a high operational tempo
- Leveraging existing technology to integrate service delivery across agencies
- Child care – in particular, availability and quality
- Sustaining spouse employment programs and initiatives



Collaboration Possibilities

- Coordinating with USDA's and the land-grant university's Cooperative Extension System to provide local, direct programming with tailored curriculum to engage military families
- Partnering with the land-grant university system to allow greater access to university resources
- Enabling land-grant university faculty to work on programs related to military family quality of life



Annual Report to Congress: Plans for the Support of Military Family Readiness

Major Sections in the 2009 Report

- DoD-Wide Goals and Metrics (pp. 2-15)
- Summary of Access Policies (pp. 16-18)
- Plans (pp. 19-20 and Enclosures)
 - 2nd Quadrennial Quality of Life Review
 - Recovering Service Members Directive-Type Memorandum



Where We Need Your Help

- Developing a comprehensive communications plan
- Helping children cope with the multiple deployments of their parents
- Reducing the stigma of asking for help
- Engaging the community

Appendix C

Slides from Presentation by
Shelley MacDermid Wadsworth, Ph.D.

Headlines, Cautionary Notes, and Provocative Suggestions About Military Families

Shelley MacDermid Wadsworth, Director
Military Family Research Institute
Purdue University
November 9, 2009



Appendix C

My Mission Today

- Describe the **headlines** from the most recent scientific research on military families
- Offer some **cautionary notes** about understanding and supporting military families
- Propose some **provocative suggestions** for the future

Slide

2



What is the Military Family Research Institute?

- A research and outreach organization at Purdue University, the public land grant institution in Indiana
- Created in 2000 with funding from the Office of Military Community and Family Policy

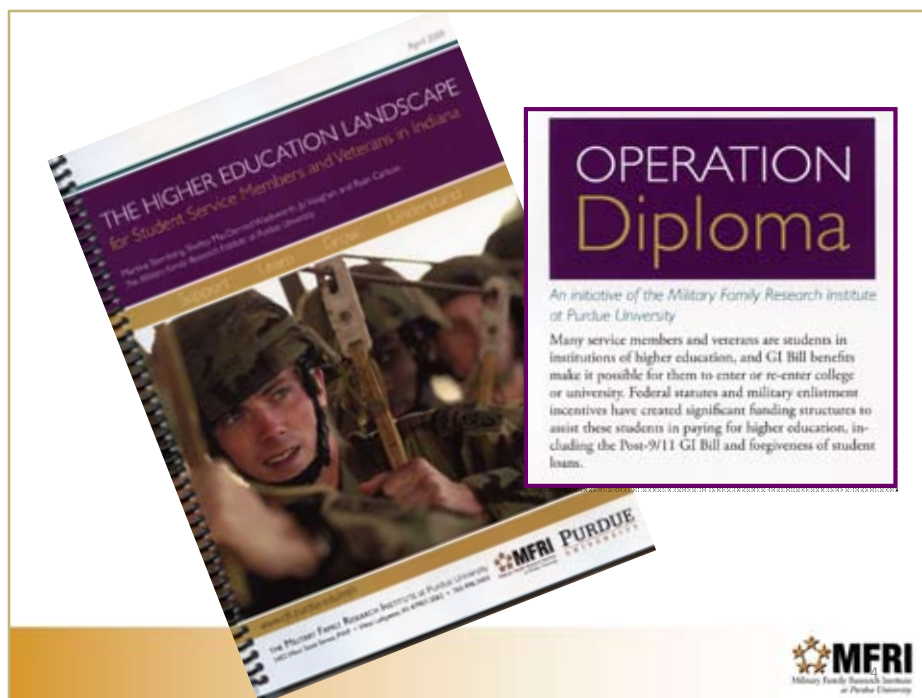
Who am I?

- Professor of Child Development and Family Studies
- Fellow of the National Council on Family Relations
- Former co-chair, DoD Task Force on Mental Health
- Member, Psychological Health External Advisory Committee of the Defense Health Board
- Member, Institute of Medicine Committee on Returning Veterans

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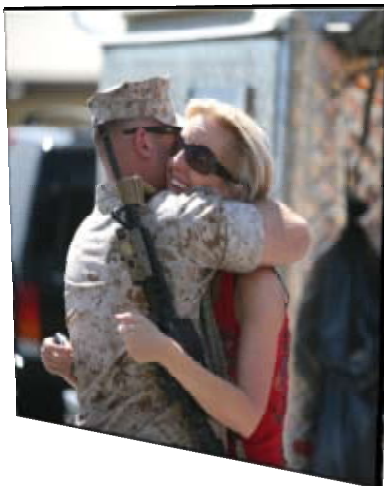
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Appendix C

HEADLINES



Source of photograph: www.defenselink.mil



**Combat Exposure is
Problematic for a
Substantial Minority of
Service Members**



- **Military Service and the Life Course**

- Effects of military service on later life vary by war, except for combat exposure, which has a consistently negative effect on quality – and duration -- of later life (MacLean & Elder, 2007)

- **Mental Health**

- Exposure to trauma increases risk of mental health problems. In one large study, among enlisted Marine Corps recruits, rates of prior exposure to childhood abuse were five times those in the general population for both men and women (Wolfe et al., 2005)

- **Reserve Component**

- Increase in positive screens for mental health problems between PDHA and PDHRA is twice as large in Reserve Component as in Active Component (Milliken, Auchterlonie, & Hoge, 2007)
- Reserve component members at greater risk of deployment-related alcohol problems – 63% increase in previously deployed compared to nondeployed (Jacobson et al., 2008)

Slide

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The Institute of Medicine concluded:

- **Deployment to a war zone is positively related to:**
 - mental health disorders,
 - alcohol abuse,
 - accidental death and suicide, and
 - marital and family conflict
- **So far, not yet enough evidence to conclude a causal relationship**

Slide

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Combat Deployment is Bad for Relationships...



- Since 2003, family separation has been **more strongly** related than any other concern to mental health problems reported in the Mental Health Advisory Team studies (MHAT, 2008)
- Depending on paygrade and how long members have been deployed, **up to 30%** of deployed service members indicate that they plan to separate from or divorce their spouse following return (MHAT, 2008)
- Relationship issues are implicated in **most Army suicides** (MHAT, 2008)
- Relationship concerns **rise more steeply** in the months between PDHA and PDHRA in the Reserve Component than in the Active Component (Milliken et al., 2007)

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Combat Deployment is Bad for Relationships...

OR IS IT???



- The most definitive study to date examined personnel records for 560,000 service members who married between 2000 and 2005 (Karney & Crown, 2007).
- THE SHOCKER: Divorce was less common when there were more days of deployment – this pattern held in every branch and component, except active duty Air Force, and was especially true for men, younger couples and couples with children?
- WHAT'S UP??
 - Nobody has time to get divorced???
 - These marriages were too young to show the consequences???
 - Military family support programs really work???



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Combat **STRESS** is Bad for Relationships...



- Many studies, conducted in multiple countries, of veterans of conflicts around the world have shown that symptoms of PTSD and combat stress are related to problems in family relationships
 - Arousal appears to be related to anger, hostility, and irritability
 - Emotional numbing appears to be related to loss of intimacy, lack of sharing
- Two small OIF/OEF studies also show that one partner's combat stress is related to distress in both partners (Nelson Goff et al., 2007; Renshaw et al., 2008)
 - One study suggests that distress is greater when wives could not attribute their husband's symptoms to an obvious cause, either because the husbands failed to acknowledge symptoms that wives perceived, or because husbands reported higher levels of symptoms than their combat experience had led their wives to expect (Renshaw et al., 2008)

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Final Thoughts about Relationships

- Overall, divorce rates in the military population are lower than in the civilian sector, and some racial differences in marriage patterns disappear (Lundquist, 2004)
- Because policies and research on intimate relationships in the military focus mostly on marital relationships, little is known about the formation, quality, or stability of intimate relationships. Given the high proportions of military members who are under 25 year of age and unmarried, greater attention to non-marital intimate relationships is warranted.
- The marriages of female service members appear to be particularly fragile – twice as likely to end through divorce (Karney & Crown, 2007) -- and warrant greater attention – and perhaps greater support.



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The 'Emotional Cycle/Spiral of Deployment' is a Well-Validated Model of Normative or Typical Family Experiences...





- Several chapters and articles elaborate the model over the years [Logan (1987); Mateczun (1996); Fils (2004); Peebles-Kleiger & Kleiger, 1994, National Military Family Association (2007)]
- Several versions including 5 or 7 stages tied to the operational structure of deployment: Pre, During, Post (Pincus et al., 2001)

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The ‘Emotional Cycle/Spiral of Deployment’ is a Well-Validated Model of Normative or Typical Family Experiences...

OR IS IT???





- Almost all the data we have are cross-sectional “snapshots,” not longitudinal “movies” – we really don’t know for sure how reintegration unfolds
- And stage models can be problematic – more rigid and universal than real life

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MFRI Studies of Reintegration



- Qualitative: Small and real-time
 - Service members and family members in one small unit interviewed separately in their homes up to 7 times during the first year following return from deployment
- Quantitative: Large, retrospective
 - Hundreds of service members surveyed about their recollection of events and experiences during the months since their return.

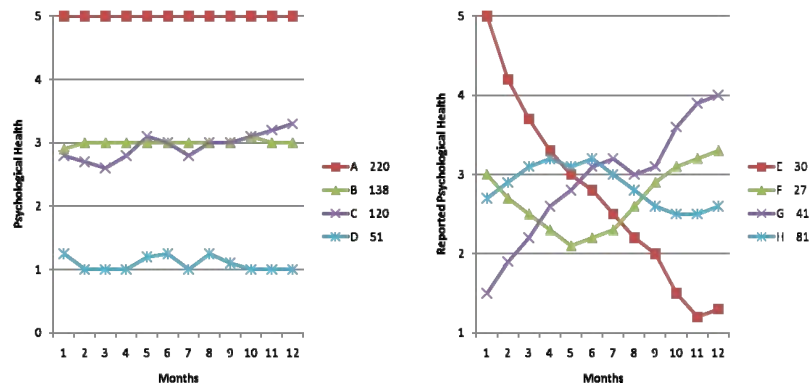
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‘Unpacking’ Reintegration

Service members recalling their general psychological well-being each month during first year home (Willerton, 2009)



‘Unpacking’ Reintegration

- Phases of relationship adjustment in the year following return (Karrakurt et al, under revision)
- Factors that may be unique to the adjustment of Reserve Component families (Faber et al., 2008)
- Fathers’ challenges in reestablishing their relationships with their children (MacDermid et al., 2005)
 - How to communicate with them
 - How to reassure them

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CAUTIONARY NOTES



- **We don't know as much as we think we know**
 - Some findings get repeated so often that it seems as though they are based on strong evidence when in fact they may not be
 - Most of what we know about military families is about Army families
- **Our focus may be too narrow**
 - Routine focus on distress, concerns, symptoms
 - Partner's symptoms of combat stress
- We know far more about **'how much'** than we do about **'how,' 'why,'** or **'under what conditions'**
- We **know little** about families who need help but don't, can't, or won't seek it.

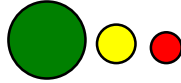
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Appendix C

- We may sometimes be misled by the **‘tyranny of the mean,’** or the **‘distractions of the dashboard’**



- Too much knowledge is confined to the **‘gray literature’**
- How can we **balance** the need for research, the burden on military families, and the barriers to good research?
 - Many service members feel over-studied and burdened
 - But it takes multiple studies to achieve clarity of understanding
 - Severe barriers delay and impede worthy studies

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Food for Thought about Resilience

- **Most people** display resilience following adverse events
- Resilience is **domain-specific** – people can be resilient in one area but vulnerable in others
- Resilience is **dynamic** – it is not a trait
- Resilience is **not immunity** from distress
- Resilience training is **not a ‘vaccination’** for distress
- Resilience is a set of characteristics, skills and resources that facilitate coping, recovery, and possibly even growth

(MacDermid et al., 2008)

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Many studies of OIF/OEF deployments are underway, but few have made it all the way to scientific publications so far. In the next few years, our knowledge will grow considerably.



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Appendix C



PROVOCATIVE SUGGESTIONS



- Find ways to make more use of **existing records** to assess the effectiveness of programs, policies and practices, and publish results in the scientific press
- Find ways to facilitate use of **more rigorous methods** to assess effectiveness – control or comparison groups, randomization, fidelity assessment, etc.
- Make sure **‘how,’ ‘why,’ and ‘for which people under which conditions’** get attention in addition to ‘how much’

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Appendix C



Children's Markers of Insecurity

	Less responsive mothers N=75	More responsive mothers N=69
Income	.00	-.66*
Mother's distress	.43*	
Deployment status		
Going in next 6 mos.	-.24	-.51*
Returned in past 3 mos.	-.31	
Father has been in combat	.47*	.20
Days father deployed in past year	.07	-.02
Total deployments during child's life	.08	.22*

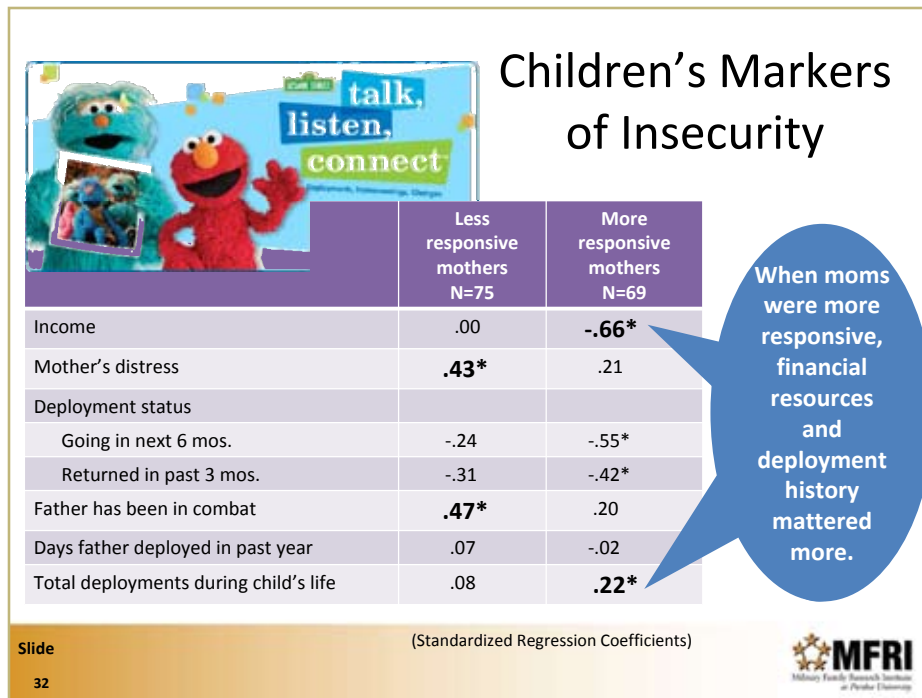
When moms were less responsive, their distress and dad's combat really mattered.

(Standardized Regression Coefficients)

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Make sure that programs, policies and practices pay sufficient attention to family diversity

- Diversity in **structure**, such as step-families, single-parent families or dual-service families (including families with non-residential children)
- Families who include members of cultural or ethnic **minority** groups, including foreign spouses
- Families of **single or female** service members, with or without children
- Families with other kinds of diverse or special needs



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MFRI
Military Family Research Institute
at Florida University

Thank you for your kind attention, and
thanks to...

- The faculty, staff and students at the Military Family Research Institute
- The staff, volunteers, and members of the Indiana National Guard, and participants in our research around the world
- Our partners at the Office of Military Community and Family Policy, the Naval Health Research Center, and Sesame Workshop
- Everyone who has so patiently taught me

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MFRI website
www.cfs.purdue.edu/mfri


QUESTIONS PLEASE



Appendix D

Slides from Presentation by
Beth Ellen Davis, M.D.



Appendix D





Supporting Military Families Today and Tomorrow

Beth Ellen Davis MD MPH
COL (ret.), USA, MC
Developmental Behavioral Pediatrics
Madigan Army Medical Center



CLASSIFICATION:Unclassified





Supporting Military Families


- **Who are military families?**
 - Their demographic characteristics
 - Generational strengths and limitations of young military parents
- **How are military children coping with wartime deployments?**
 - The “spectrum of stress”
 - Studies about military children
 - What about extreme situations?
- **Can current experiences help us anticipate future needs?**
 - An approach to a “spectrum of supports” that are coordinated, comprehensive, continuous, preventive, family centered, accessible, culturally responsive, and enhanceable.

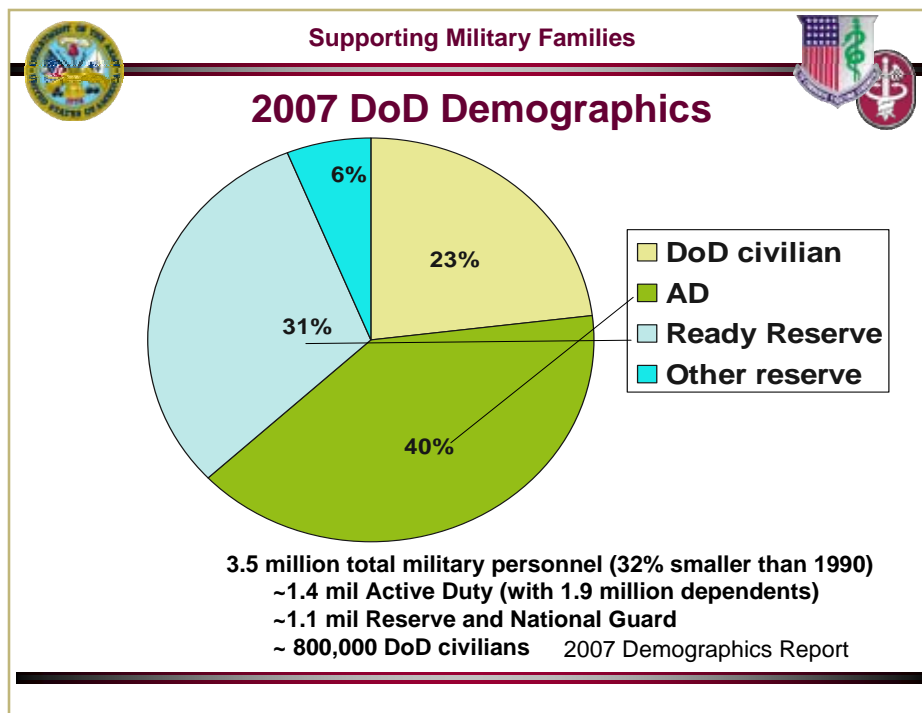
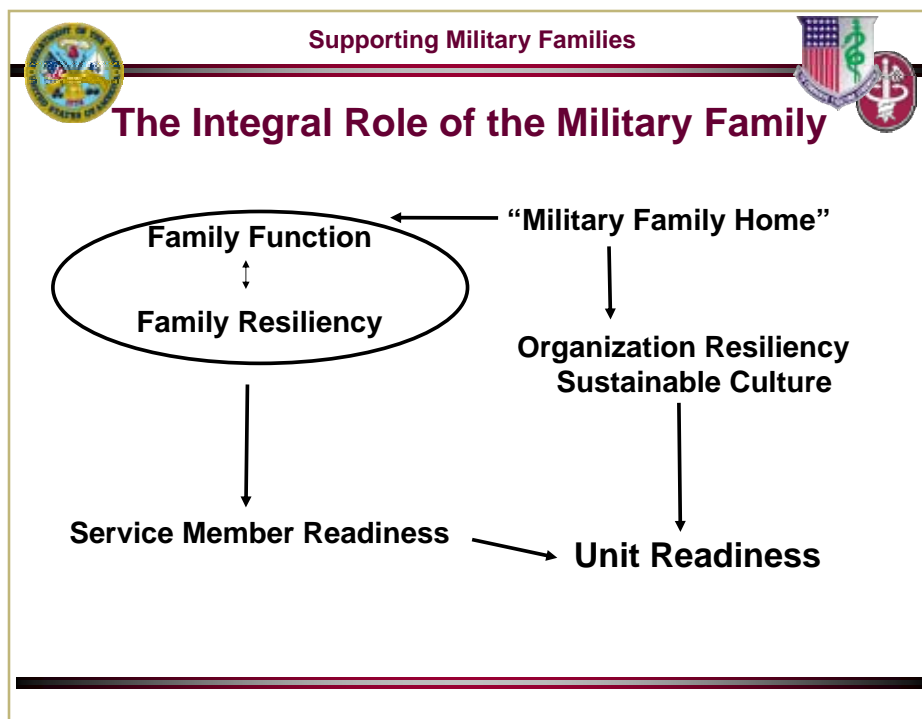


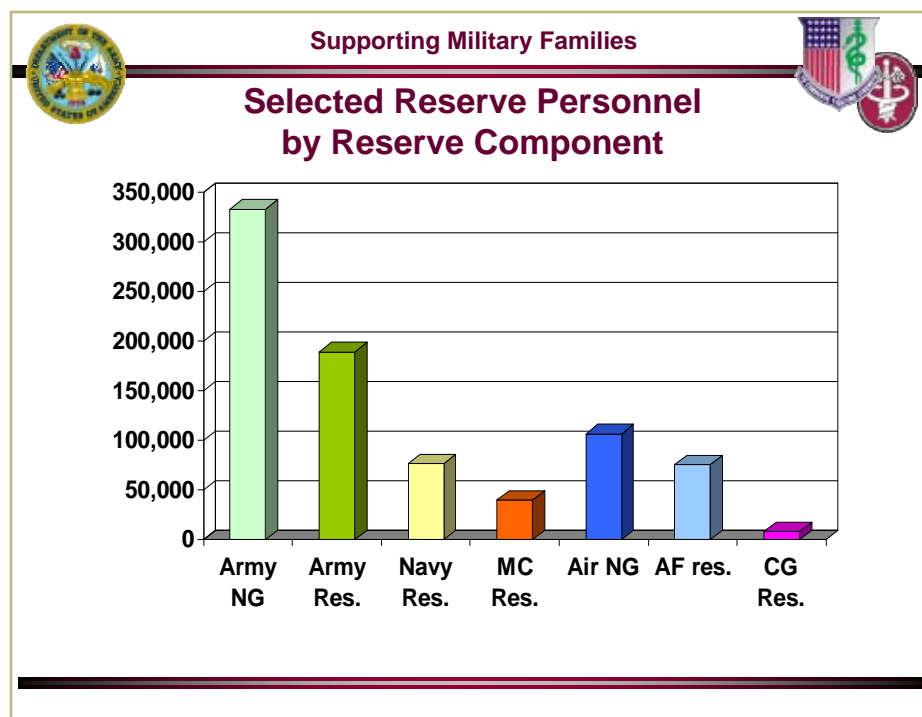
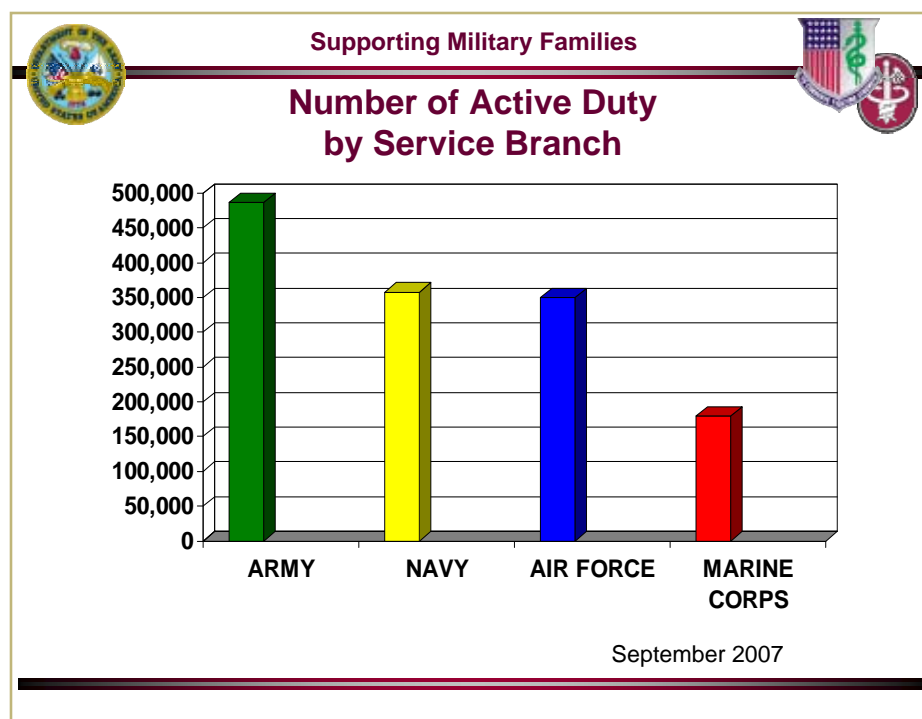
Supporting Military Families

Challenges of Military Life for Families

- Supporting the service member mission
- Deployments and separations
- Isolation, distance from extended family supports, overseas assignments
- Relocation issues, starting all over again
- Frequency of moves
- Being part of a large organization

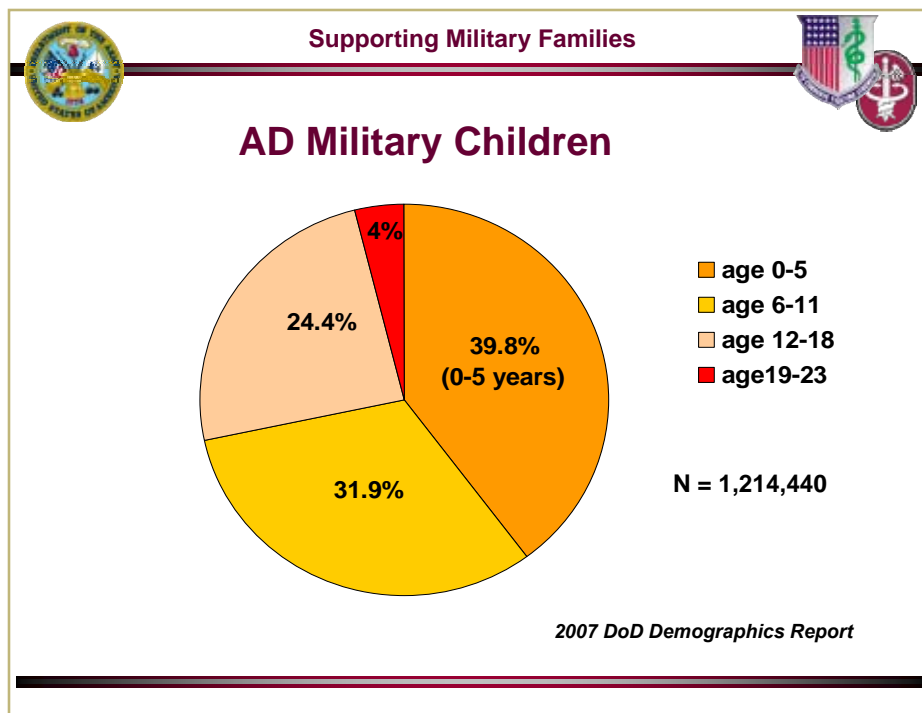


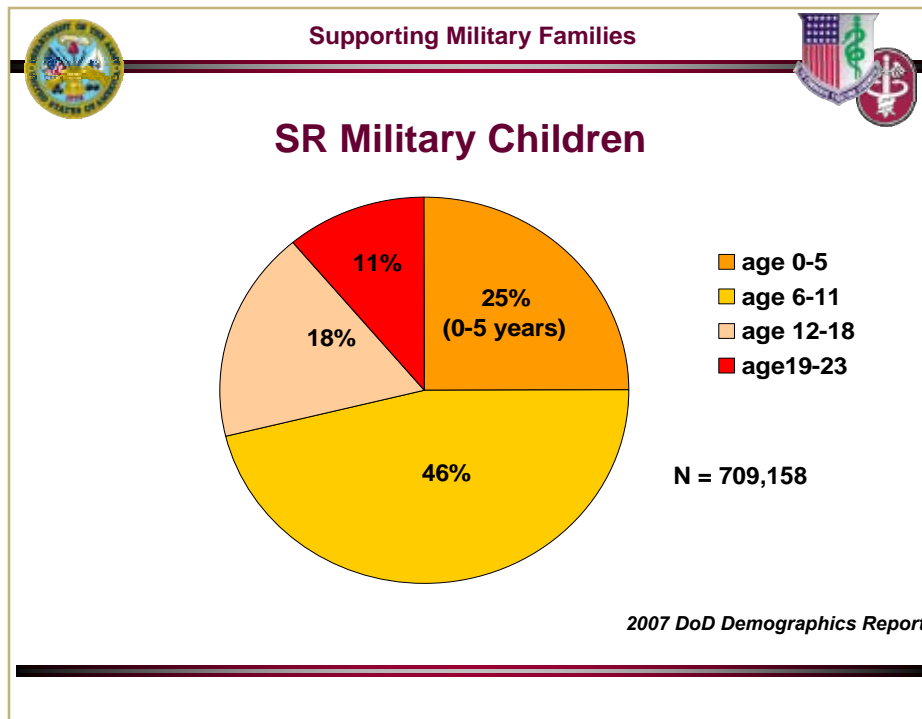




Supporting Military Families		
Military Families		
Variable	Active Duty	Reserve and Guard
Total number	1,365,571	836,256
Ratio of officers : enlisted	1: 5.2	1:5.7
% women	14.4%	17.6%
% minorities	35.9%	29.9%
% located in U.S.	85.3%	99.1%
% <= 25 years old	46.3%	33.6%
% with BS degree or more	17.8%	19.1%
% married	55.2%	49%
% dual military	6.7%	2.6%
# family members	1,864,427	1,114,900
# spouses	681,679	402,783
% with children	43.2%	41.9%
Avg. age with 1 st child	24.7	27.1
% of kids age 0-5 years	41%	24.7%
% single parents	5.2%	8.4%

2007 DoD Demographics Report







Supporting Military Families

Demographic summary of military children

- The majority of children are in young, junior enlisted, active duty families (mostly, Navy and Army).
- 50% of spouses work outside home (93% are female) and need reliable, safe child care during SM deployment.
- There are about 125,000 single parents in the military – typically young enlisted, minority, female.
- Over 1/3 military identify themselves as minority, necessitating an understanding of cultural family issues.
- **Compared to the average US family, the military family is younger, more educated, more likely to have health care, more likely to be minority, less likely to be a single parent, and more likely to live outside US territory.**





Supporting Military Families

18-25 year olds → military parents

“Generation Nexters”

- place high value on family and social life
- are optimistic, are self reliant, have can-do attitude
- are resilient in face of adversity
- are addicted to media
- are technologically savvy
- prefer team approaches
- desire flexible hours
- need supervision in new situations, appreciate input from mentors
- expect clear picture of expectations
- embrace diversity


(adapted from
Generation Next: What You Need to Know about Today's Youth, (1995),
“How Young People View Their Lives, Futures, and Politics: A Portrait of Generation Next”, (2007),
The PEW Research Center, Washington DC, www.people-press.org.




Supporting Military Families


To a child:

- Wartime deployment means-
 - Parental absence, extended loss
 - Increased sense of danger
 - Change in roles/routines







Supporting Military Families




- When a spouse is deployed...
 - Mothers /wives have more symptoms of depression and increased stress (Jensen 1986).
 - There is less family cohesion /structure (Kelley 1994).
- When a parent is deployed, children...
 - Have more behavior problems (Rosen 1993).
 - Have more symptoms of depression and anxiety (Jensen 1989).
 - Preschool children with a deployed parent are more likely to have disruptive behaviors in child care, and an at-home parent with depressive symptoms (Chartrand, 2008).
 - 1 in 3 school age children with a deployed parent have increased psychosocial problems. Anxiety is most common symptom. Parenting stress is double national norms. Supports help relieve stress. (Flake, Davis, 2009).
 - 30% youth of deployed parents self-report increased psychosocial problems compared to military youth not experiencing deployment (Aranda, Davis, submitted 2009).
 - Deployment may be associated with increased rates of child maltreatment, especially neglect (Gibbs, 2007, Rentz 2007).



Supporting Military Families



The Spectrum of Stress



Shonkoff and Phillips eds, (2000)
From Neurons to Neighborhoods



Supporting Military Families



WHAT WE KNOW

- Deployment is stressful for most military families.
 - A small, important percentage of families experience toxic or traumatic stress (traumatic injury or death).
- During separation and a sense of danger, the single most important factor for children is the coping and resiliency of the at-home parent.
- 20-25% children hover between “tolerable” and “toxic” stress, apparently at all ages, though symptoms vary.
 - One-half have significant home, school or day care problems.
- Families with pre-existing adversity (mental health, financial, poor social support) are at much higher risk for “toxic” stress.
- Families with >5 years of marriage, higher parental education, and sense of military support fare better.



Supporting Military Families




WHAT WE DON'T KNOW

- Very little quantifiable data on what current military families need, when they need it, or resources they utilize.
- No outcome data reflecting soldier readiness, retention, resourcing.
- Lacking population outcome data (home, school, health care utilization).
- No data about dose effect of multiple deployments.
- No data about differences between AD, R, and NG families.
- Little known about child abuse and child neglect.

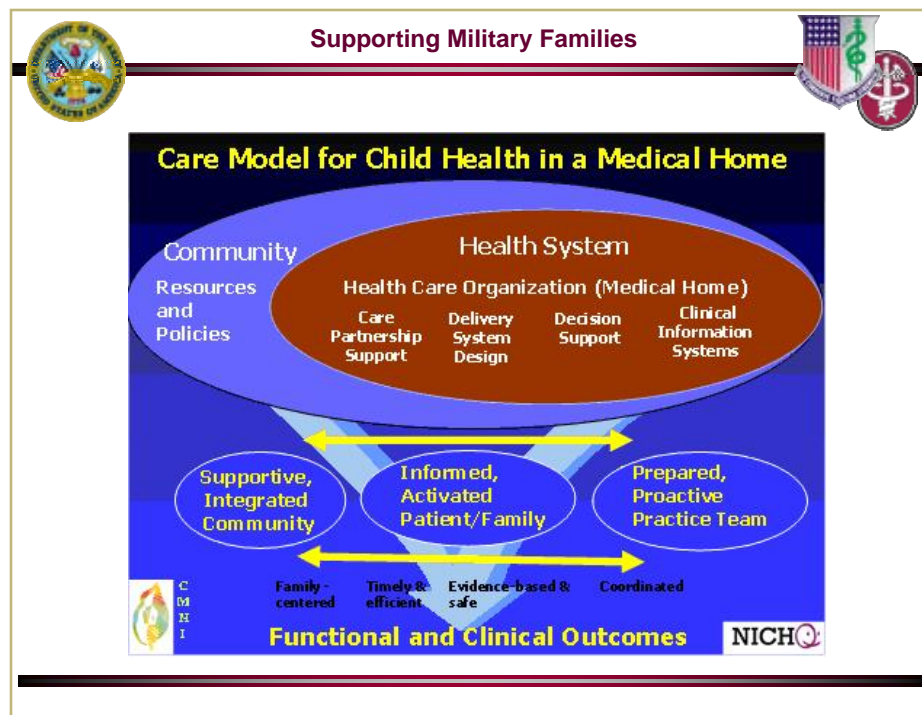


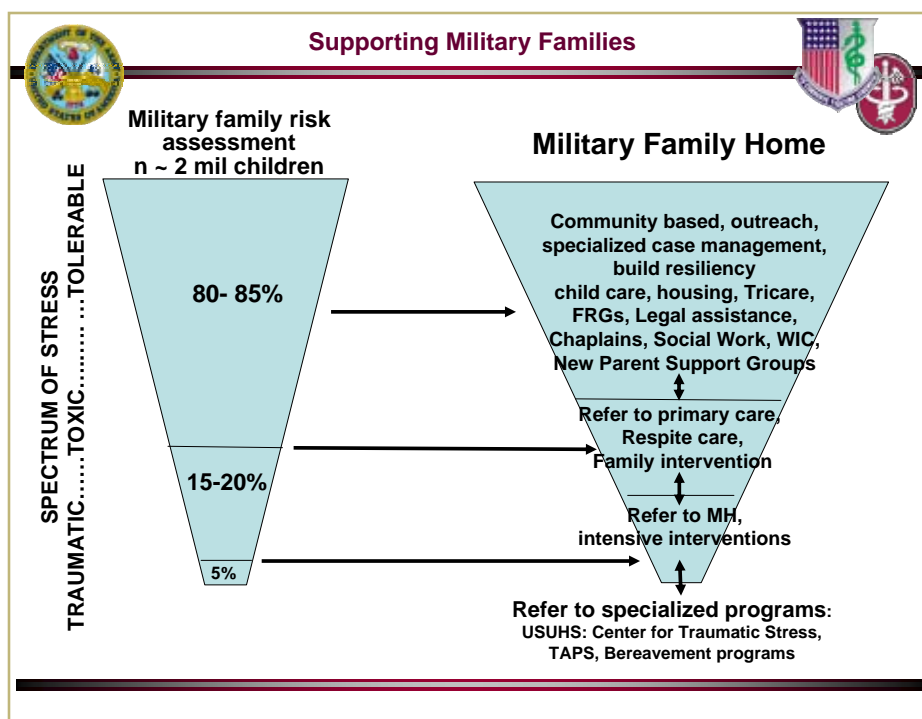
Supporting Military Families

APPROACH NEEDS TO BE:



- **PREVENTIVE** – to minimize preventable conditions, some possibly irreversible or fatal (child abuse).
- **ACCESSIBLE** – to all military families, regardless of AD, R, NG and whether they return to home of record during deployment.
- **FAMILY CENTERED** – children are best assessed, monitored, and treated in context of their family and its supports.
- **OUTREACH ABLE** – families are overwhelmed by the responsibilities of deployment single parenting and the stress of spouses in danger, and often do not “come in” for support. May not feel support they need is mental health based.
- **FOR ALL AGES** – school based resources only access 50% of military children. Day care issues are prevalent. Need a 0-21 yrs. perspective. Minimize academic school year disruptions.
- **COMMUNITY BASED** – home, school, child care, financial, housing, legal, assignments, social supports, military supports.
- **DATA GATHERING, LONGITUDINAL, OUTCOMES BASED** tracking is needed.





Supporting Military Families

Military Family Home: Care Coordination

- Family support centers (FAME)
- Family readiness groups (FRG)
- Primary care clinics
- Behavioral Health Resources
- Chaplain's office
- Legal assistance office
- EFMP, Birth to Three Programs
- Mental health clinic (Tricare supports)
- Social work services
- New Parent Support Program (NPSG)
- www.militaryonesource.com
- Red Cross, Family Advocacy
- SWAP, Personnel, Assignments, Commands
- Child Development and Child Care Resources
- Schools
- Religious organizations
- Family Advocacy, Intensive Interventions

Supporting Military Families	
MILITARY FAMILY HOME	
Current Observations <ul style="list-style-type: none"> MH models alone are insufficient, inaccessible to meet military families needs. Outreach/tracking of families needed. No unified mechanism to disseminate useful information. Children and family issues may not be medical or diagnosis driven. 	Family centered supports <ul style="list-style-type: none"> Families with young children need flexible, accessible child care. School age children need consistency during academic school year. Adolescents need school based supports, behavioral health monitoring Culturally sensitive, in home intensive interventions need to be available for high risk families.
Recommendations <ul style="list-style-type: none"> Establish single portal of entry and care coordination, a MILITARY FAMILY HOME, for family risk assessment and resources. Build capacity, resilience, decrease barriers. Evaluate intervention programs. Remove duplicity and ineffectiveness. Track soldier readiness, retention, and resources with family programs. 	Gaps <ul style="list-style-type: none"> Establish <u>research agenda</u> and <u>best practices</u>. Create military family <u>data registry</u> for longitudinal and dose effect analysis. AD needs to lead the way for R/NG.
<input type="checkbox"/> APPROVED: <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> COMMENTS	

Appendix E

Slides from Presentation by
Angela Huebner, Ph.D.



Voices of Military Families: Military Family Needs Assessment Project

Angela J. Huebner, Ph.D.

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*Presented at the "National Leadership Summit on Military
Families"*

November 9, 2009, Hyattsville, MD

Appendix E

Appendix E

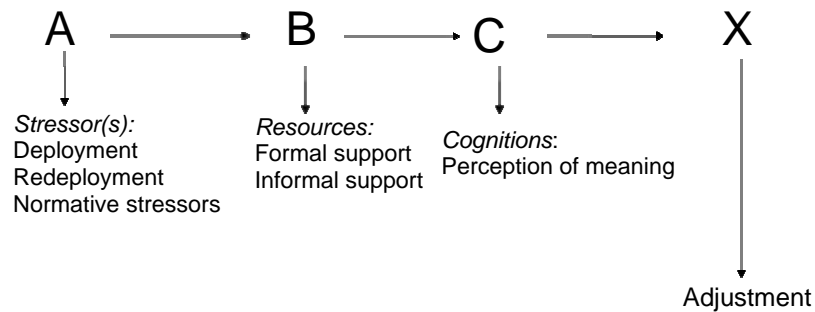
Project Overview

- In partnership with NIFA, Families, 4-H, Nutrition and the Department of Defense Military Community and Family Policy
- *Our VT team: Dr. Angela Huebner, Mr. Babak Alidoosti, Ms. Molly Brickel and Dr. Andrea Wittenborn*
- Goal: Conduct a needs assessment of current educational programs and support networks targeting military youth and families.

Setting the Context

- 55% of active military members are married
 - 43% of those have children (40% under age 5)
- About 1.5 million service members have spent time in Iraq
 - ~500,000 have served 2 tours
 - ~70,000 have served 3 tours
 - ~20,000 have been deployed 5+ times
- State of off-installation housing
- High utilization of National Guard and Reserve Service Members
- Availability of educational and support services
 - **Gap between access and actual use**

Double ABC-X Model of Adjustment
(McCubbin & Patterson, 1983)



**Project: Military Family Needs
Assessment**

2009-2010 Listening Sessions

- **Targeted Participants:**
 - Service members and Spouses of:
 - Army
 - Navy
 - Air Force
 - Marines
 - National Guard and Reserve Component
- **Method**
 - Face to Face focus group “Listening Sessions”
 - Internet Surveys/response (Developed through VT Survey Interface)
 - Phone interviews

MONTH	TASK
Sept-Oct 2009	Initial Survey Design; Two “Listening Sessions” Preliminary analyses
November 2009	Summit Presentation; Project Revisions
December 2009	Distribution of active survey link (survey to remain open until April 2010) which includes option of phone interview
January 2010	Listening Session 3: High Deployment Installation(s) Monitor Survey; Phone Line Active
February 2010	Listening Session 4: High Deployment Installation(s) Monitor Survey; Phone Line Active
March 2010	Listening Session 5: High Deployment Community Phone Line Active
April –May 2010	Data Analyses
June 2010	Generate Draft Report
July 2010	Feedback from OSD
August 2010	Revisions on Report
Sept 2010	Presentation of Final Report

Listening Group Session Questions:

- Where do you get information about resources available to support you and your family?
- What programs/services are you (your spouse; children) currently using? Are they provided by the military? By your community? Online?
- How are these programs/services useful to you and/or your family?
- What is missing and/or could be improved about these programs/services? From the military? By your community? What barriers exist to accessing resources?
- What has been your experience with Military OneSource?
- If you were in charge for a day, what would you do to help military families like yours in terms of programs and services?
- What are the challenges that your children face? Are you aware of resources that can help, either in your community or in the military?

Preliminary Findings:

- Participants:
 - FRG Leaders
 - (n=48)—initial reactions; what they are hearing
 - Navy & Reserve Navy (n=31)
- Themes:
 - Information Sources
 - Barriers to Access
 - Experience with Military One Source
 - Community Support
 - Individual Augmentees (IAs)
 - Advice “If you were in charge for a day...”

Information Sources

- Formal and informal
 - Commander
 - Ombudsman
 - Fellow service members, friends, family
 - Much use of internet search engines, both military and civilian sources
 - Military and civilian community sources

Barriers to Access

- Internal
 - Lack of self identification
 - Fear of being labeled “non-deployable”
 - Pride/Embarrassment
- External
 - Negative stigma of seeking services
 - Negative consequences of seeking services
 - Mixed message about Command support
 - Difficulty in navigating system of service

Internal Barriers

- *“Some of it is a lot of people don’t really recognize that they’re having problems, or they don’t really see it. And they think ‘Well, okay, well I’m just stressed today,’ and they just let it build on up until it goes further...”*
- *“You know, they don’t want to look like they’ve got problems, and a lot of them don’t want to be cast out or ostracized because if you have a medical problem, they will board you, and a lot of times they will put you out...It’s one thing to have a broken arm or bad foot or whatever. Okay that’s a war injury, okay, you know. But when it comes to behavioral health it’s a big difference.”*

Internal Barriers

- *“I mean the [support center] is, you know, a wonderful thing. I’m sure they provide a lot of good services, but just to walk up in there feels really weird...there are just so many doors and posters and stuff hanging in there and every door has a different label and if the door’s open, then people are looking out like ‘what is he doing here?’... it’s almost the same look you get from like, you know, a person at the jewelry counter when you are walking through the store to get to the mall.”*

External Barriers

- *“[if you went to medical] You’d get sent back to training. You’d have to stay there longer, so sometimes we’d get the message that like, ‘go to medical if you’re hurt’, or they say ‘you better go to medical’ but then you’d get sent back...so at the same time you want to go to medical because you are hurting, but you just want to wait it out and maybe go to a doctor when you get home...”*
- *“...you ask your Chain of Command, hey [X] can I go over to [family support] real quick? [and the response is] ‘What are you going over there for?’..you got o have some kind of excuse to go over there because you know it’s usually during working hours and of course most people live off of the base, so when they are on the base they want to go while they are at work and like I said, it’s often some remote corner of base. So, it’s easier just to stay out of the place.”*

Appendix E

External Barriers

- *“[X]Service members have to carry firearms...if you get popped for having any psych problems they’re going to pull your weapon...and you will have a problem...and you will most likely not get one [a weapon back] unless you’re cleared psychologically. So not only do they have the pressure of keeping their job because if they can’t carry a weapon and they’re a Master at Arms, they’re going to have to switch ranks, and after you’ve been in 10, 12 years as a Master of Arms, do you want to be a cook?”*

External Barriers

- *“...they told me when I got back home that I could, that I can have the VA take a look at it [my injury], and when I went down there, they started asking me questions about how much did I make and my company and what my wife makes, and that I own a house and stuff. And then she basically told me that I make too much money for them to see me”*
- *It [support service] is always in the remote corner of the base in some run down building from, you know, from the 20s...”*

Military One Source

- Those who have used MOS report being very pleased with the resource
- Others admit they have heard the acronym but have no idea of the depth of resources available
- Seems contingent upon how long MOS has been in place and supported by a particular Service Branch
- Some suggest categorizing all the options then advertising the categories rather than just the acronym

Community Support

- Mix of responses.
- Especially among Reservists, reports of support from community are high.
- Active duty service members reported less support. They talked about an “us versus them” mentality among community members.

Appendix E

- *“...if my wife or anything needs help, they’re [the guys he works with in his civilian job] always coming over...and if something broke, one of the guys would come over and fix it... I had one neighbor that was an ex-[Service member] and...him and his wife would come over and check on my wife and cut the yard or whatever needed help.”*
- *“...from just my experience in living in military towns, a lot of the civilian places just get irritated with military. They are like ‘Ugh more military people,’ Really??*

Individual Augmentees/ Cross Leveling

- Clearly need more attention and support
- *“If the Navy takes ownership, they will take care of it..but the IA’s are left to hang out to dry...because when you are an IA, you are out of the Navy’s reach completely...And basically it was like this, like “Allstate, you’re in good hands,” until the hand open up.”*
- *“I think another thing is inter-service communication and what’s going on and what the requirements are. There needs to be something set across the board for everybody and that way everybody is on the same page. So that way if you get IA’d with the Army, or the Marine Corp, or the Air Force, it’s the same standard no matter where you go.”*

Advice

- Create a regular schedule for checking in with family members during deployment.
- Importance of having correct contact information for who is to be contacted (difficulty in making that happen!)
- Mandated inclusion of spouses in pre-deployment briefings, even it means a command letter to their employer.
- Reconsidering timing of demobilization process so members are more accurate/honest.
- Importance of having a live person to talk with, preferable one more local for easier access.

Demobilization

- *“Instead of psychologists having them doing the questionnaire stringer, they need psychologists to evaluate these people to see if something is really wrong with them instead of just letting them do a screening...because people are in denial about a lot of things, and they’re not going to come forward...”*
- *“Do it before they leave the country and after they process out and have them go by and see a psychiatrist or something. Because...you’re just marking the questions so you can get home...you ain’t been in the country for 6-9 months... you’re not thinking about anything but, ‘Hey I want to get in my comfortable bed, my family, you know, get me some good food. ‘ And you don’t want to be stuck in a barracks...”*

Access

- *I'd want to see consolidation. I'd want to see one group we can turn to, you know, a few groups as opposed to 50 million groups and you don't know who all is out there and who does what and how to get in touch with them...It's not overwhelming, it's just too much of a pain in the neck to try to find the answers to any of your questions—you are so fed up with the process, you don't want to deal with it.”*
- *“...it would be great if we just had more publicity to get this information out there, that hey you've got these programs available and use them as a preventative measure instead of a reactive measure because I'm telling you, most of the time we are not going to seek out these services until it is absolutely needed or we are in a situation that we do need it and we're not going to use it as a preventative measure because we don't know about it until we start looking for it.”*

Consistency in Findings: Army's Geographically Dispersed Task Force

- Geographically Dispersed Soldiers and Families Survey
 - Majority National Guard & Reserve
- June 2008 forward
- Method:
 - Site visits at 68 locations
 - N= >6,0000 Soldiers and Family Members
 - Queried perceptions of awareness, accessibility and use of various support services across the continuum of care

GDSFS: Findings

- Internet first source of information
- Overwhelm/confusion about number of websites and navigation
- Increased awareness of services related to being mobilized as a unit rather than cross-leveled
- Family participation in reintegration events was extremely helpful in orienting them to resources
- Want face-to-face contacts and tailored support
- Relationship btw awareness and access—those who were informed reported better access

Summary

- Doesn't seem to be so much about what is working and what is not—too variant across services and conditions. Rather a better questions seems to be:
 “What is working under what conditions?”
- Timing, access, context
 - When is the best time to provide information about services?
 - What is the best way to provide it?
 - Under what conditions does it work best?

Final Thoughts

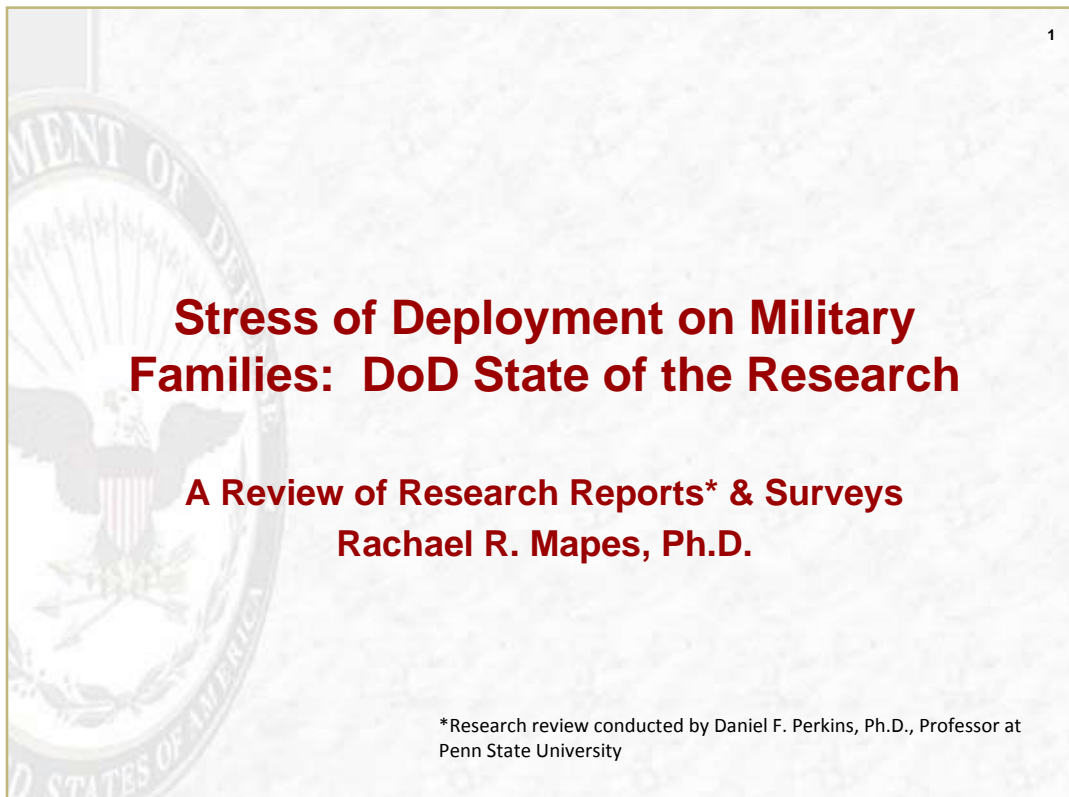
“I heard of [support services mentioned at briefings] but I never used it. It cost me. I’ll say it cost me my marriage because I didn’t listen, I didn’t do the financial deal like they told me to do, I thought I could handle it and I didn’t...I regret not taking that advice because it helps.”

Resources

- Huebner, A., Mancini, J., Bowen, G., & Orthner, D. (April, 2009). Shadowed by War: Building community capacity to support military families. *Family Relations*, 58, 216-228.
- Huebner, A., & Mancini, J. (2008). Supporting youth during parental deployment: Strategies for Professionals and Families. *Prevention Researcher*, 15(supplement), 10-13.
- Huebner, A., Mancini, J., Wilcox, R., Grass, S., & Grass, G. (2007). Parental deployment and youth in military families: Exploring uncertainty and ambiguous loss. *Family Relations*, 56(2), 111-121.
- Huebner, A., & Mancini, J. (June, 2005). *Adjustment among Adolescents in Military Families When a Parent is Deployed*. Final report submitted to the Military Family Research Institute and Department of Defense Quality of Life Office.

Appendix F

Slides from Presentation by
Rachael Mapes, Ph.D.



Appendix F

2

Review Process

- **More than two dozen recent reports and research articles were reviewed.**
- **Results from surveys conducted by the Defense Manpower Data Center (DMDC) will also be presented.**
- **Identified common findings and implications for programming and research.**

3

Deployment

- **Active duty services members prefer some deployments to none at all.**
(Hosek, 2004; Hosek et al., 2006; Karney & Crown, 2007)
- **Families adapt better to deployments if they understand the value and purpose of the mission.**
(Booth et al., 2007; Rohall & Martin, 2007; Weins & Boss, 2006)
- **Longer deployments (i.e., beyond 1 year) are more difficult and increase family problems.**
(Booth et al., 2007; Hosek et al., 2006; Karney & Crown, 2007; Kirby & Naftel, 1998)
- **Adverse effects of stress are caused by differences between expected and actual length of deployment.**
(Hosek et al., 2006; Hosek & Totten, 2002)

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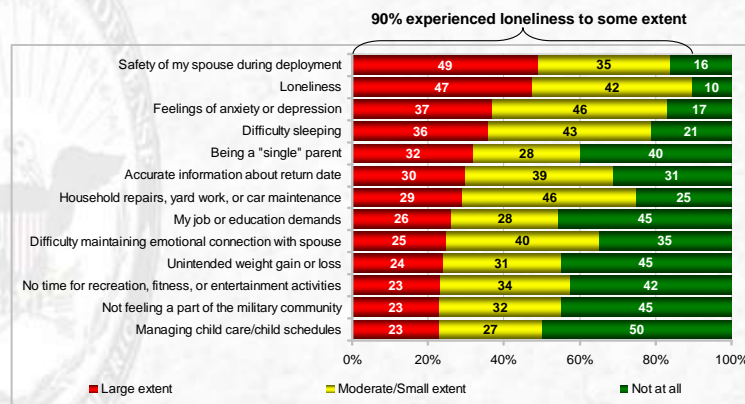
Deployment

- **For a majority of spouses, time away does not impact their support for their spouse's military career:**
(2008 ADSS; 2008 RCSS)
 - 67% active duty spouses and 69% Reserve component spouses reported no increase or decrease
 - 16% active duty spouses and 17% Reserve component spouses reported increased support
 - 17% active duty spouses and 13% Reserve component spouses reported decreased support.

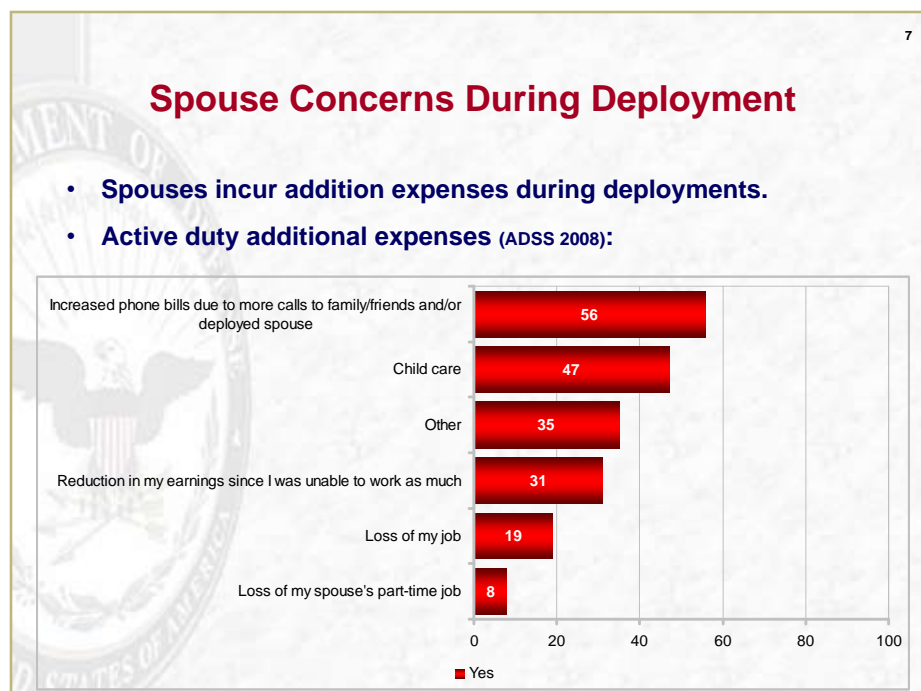
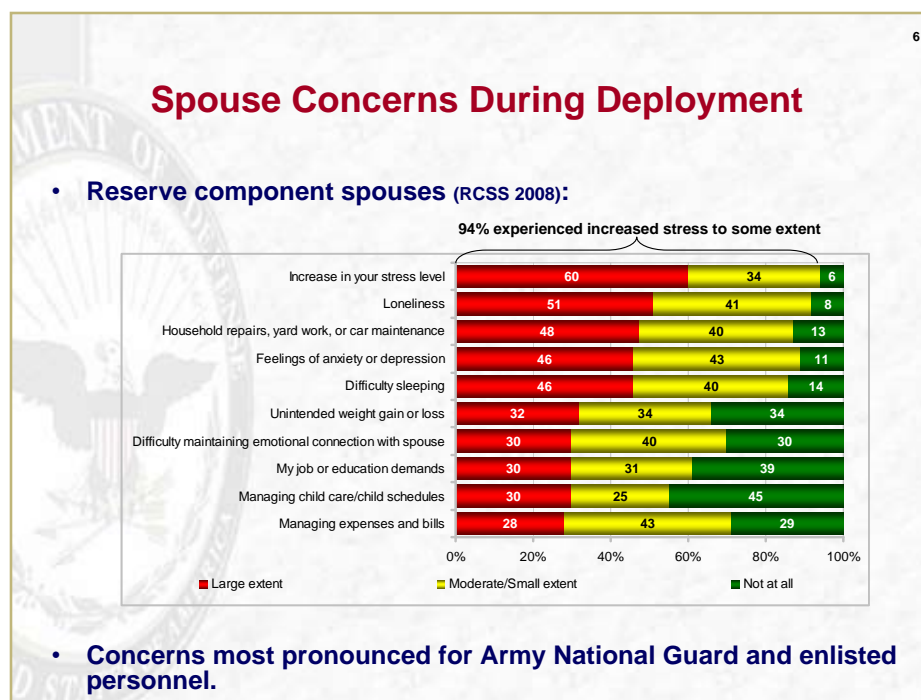
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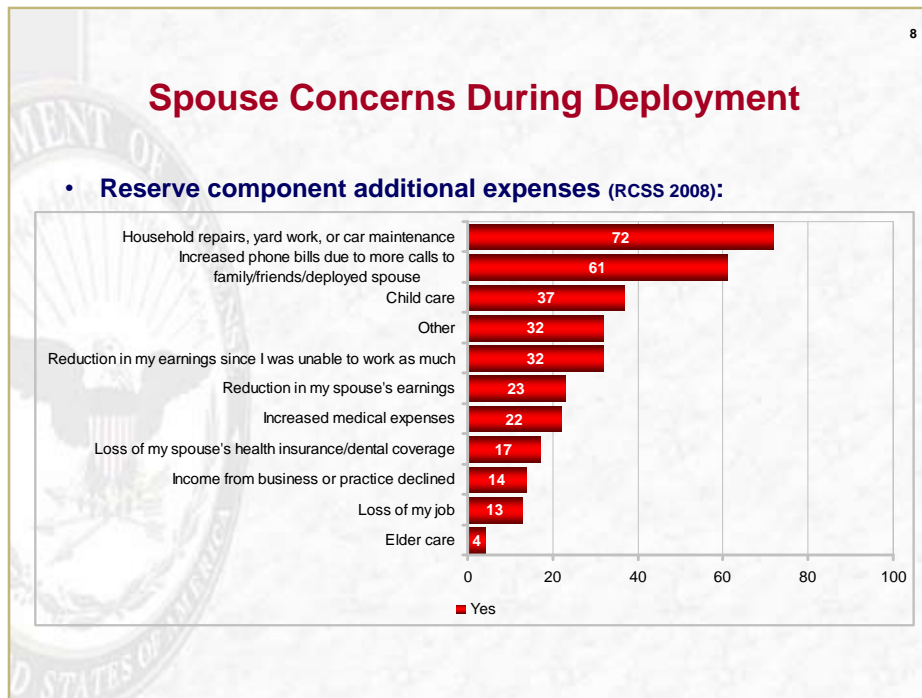
Spouse Concerns During Deployment

- **Active duty spouses (ADSS 2008):**



- **Concerns most pronounced for Army and enlisted personnel.**





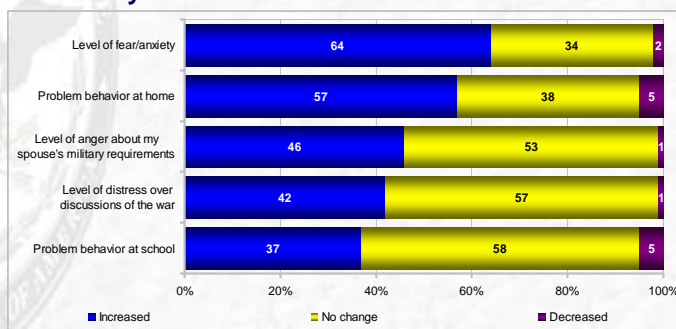
- 9
- ### Deployment Effects on Children
- Changes to roles and responsibilities creates child and adolescent confusion related to their “place” in the family system.**
(Huebner et al., 2007)
 - School-aged children are at risk for social-emotional problems (e.g., anxiety, sadness, and social isolation).**
(Cozza, et al., 2005; Flake et al. 2009)
 - Adolescents tend display conduct problems.**
(Cozza, et al., 2005; Flake et al., 2009; Huebner et al., 2007)

10

Deployment Effects on Children

- **More than two-thirds of active duty and reservists deployed had at least one child at home.**
(ADSS 2008; RCSS 2008)
- **Spouses reported negative changes in the child resulting from the deployment.**
(ADSS 2008; RCSS 2008)

Active duty:

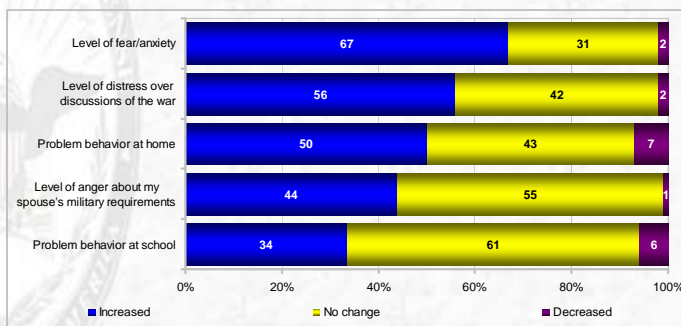


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Deployment Effects on Children

- **Spouses reported negative changes in the child resulting from the deployment.**
(ADSS 2008; RCSS 2008)

Reserve component:

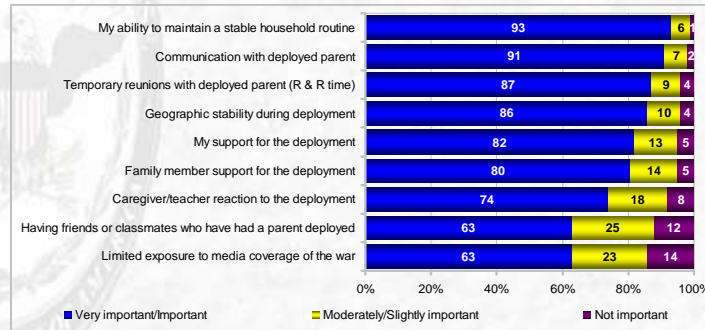


12

Deployment Effects on Children

- Spouses reported many factors that positively influenced their child's ability to cope with the deployment.
(ADSS 2008; RCSS 2008)

Active duty:

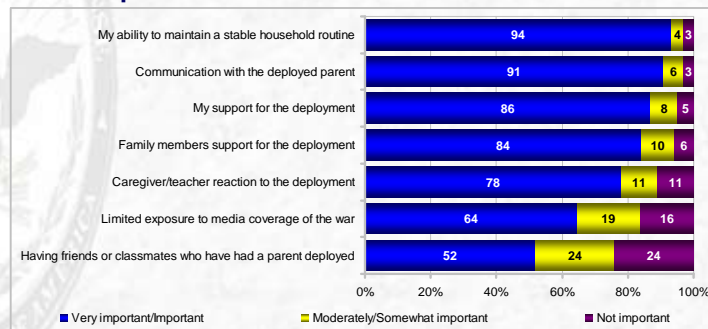


13

Deployment Effects on Children

- Spouses reported many factors that positively influenced their child's ability to cope with the deployment.
(ADSS 2008; RCSS 2008)

Reserve component:



14

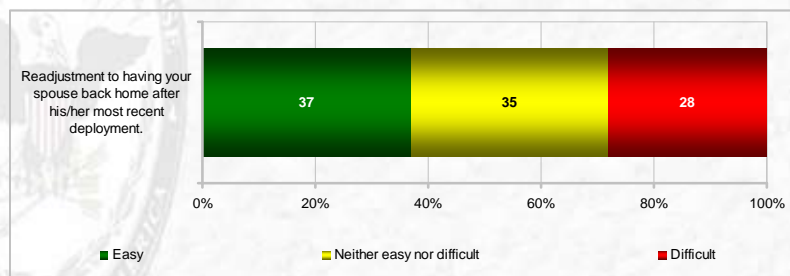
Stress In Military Families

- **More active duty spouses report experiencing higher levels of stress than normal in 2008 (47%) than in 2006 (41%).**
(ADSS 2006; ADSS 2008)
- **Deployment and duty-related separations are challenging for families and stress is normative.**
(Burrell, et al., 2006; Hosek et al., 2006; Wiens & Boss, 2006)
- **Traumatic combat experiences must be addressed upon the service member's return. Lack of treatment is associated with emotional problems and negative impact on the family.**
(Hosek et al., 2006)

15

Stress In Military Families

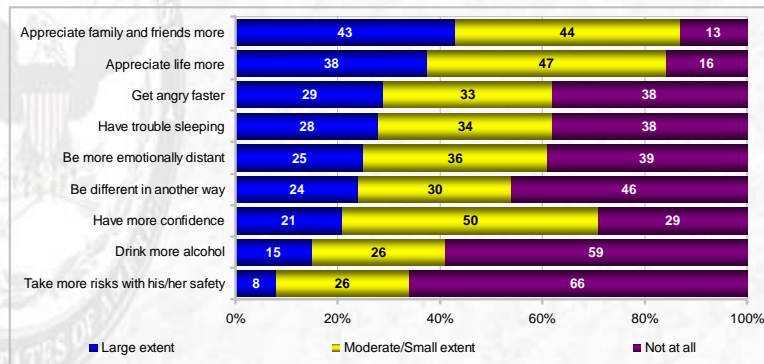
- **While deployment is stressful, active duty spouse's also report difficulty readjusting to their spouse's return home:**
(ADSS 2008)



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Stress In Military Families

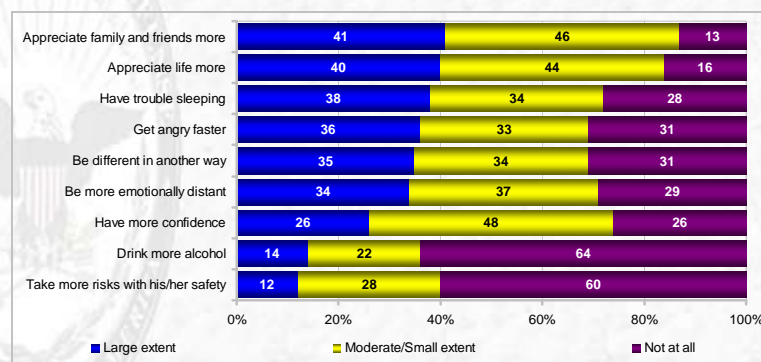
- **Military families also have to deal with the stresses associated with changes in the Service member after he/she returns from deployment.**
- **Changes experienced by active duty families are:**
(ADSS 2008)



17

Stress In Military Families

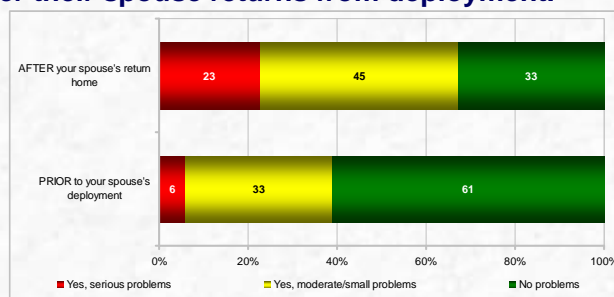
- **Changes experienced by Reserve component families are:**
(RCSS 2008)



18

Marriage

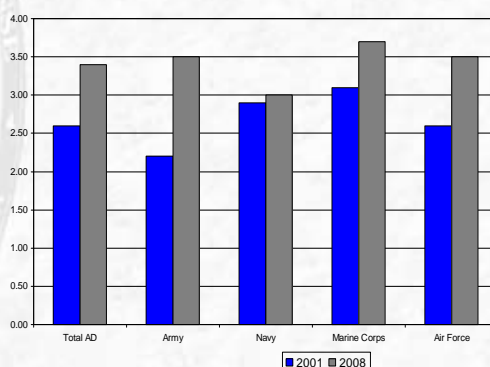
- **39% of active duty and 44% of Reserve component spouses report having some extent of marital problems during deployment**
(ADSS 2008; RCSS 2008)
 - For Reserve component spouses, this is an increase from 37% in 2006.
- **Reserve component spouses experience more marital problems after their spouse returns from deployment.**
(RCSS 2008)



19

Marriage

- **Recent data show that divorce rates have increased between 2001 and 2008 (except for Navy men)**
(DMDC Master Files)
 - This is particularly true for female Service members



20

Social Support

- **Supportive social relationships are a resilience factor critical to healthy family coping**
(Spera, 2008; Wiens & Boss, 2006)
 - **Spouses who report more social support also report less stress.**
(ADSS 2006)
- **Children and adolescents who feel supported by others cope better.**
(Perkins & Borden, 2003)
- **Sense of community is predicted by unit support and informal community support.**
(Bourg & Segal, 1999; Bowen et al., 2000; Burrell et al., 2003; Rohall & Martin)
- **National Guard and Reserve families are widely dispersed and typically do not have access to the same level of informal community support**
(Carroll et al., 2008; Faber et al., 2008; Wisher & Freeman, 2006)
 - **Although 70% of Reserve component spouses report that support from their military community is important when coping with deployments.**
(RCSS 2008)

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Communication

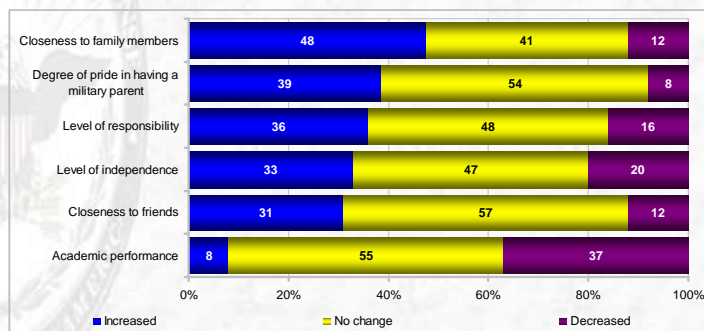
- **Consistent and regular communication of Service member to family while on deployment is critical to sense of connection and family resiliency**
(Bell et al., 1999; Wiens & Boss, 2006)
 - **91% Spouses report communication with a deployed parent an important factor in their child coping with deployment.**
(ADSS 2008; RCSS 2008)
- **Problems communicating with family while on deployment predicts greater stress for the Service member and his/her family.**
(Ender, 1995)
 - **70% of active duty and 69% of Reserve component spouses report having technical problems with communication during deployment.**
(ADSS 2008; RCSS 2008)

22

Positive Effects of Deployment

- Both active duty and Reserve component spouses report positive changes in their children due to deployments. (ADSS 2008; RCSS 2008)

Active duty:

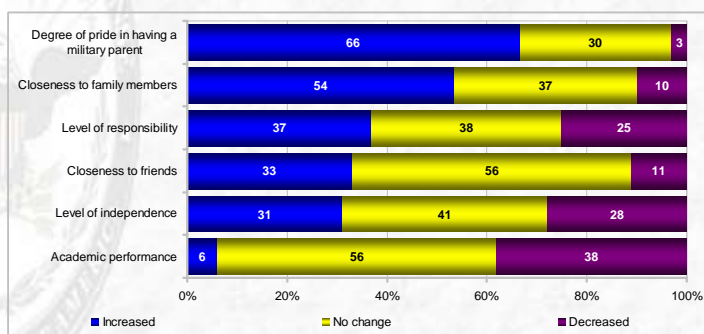


23

Positive Effects of Deployment

- An increased degree of pride in having a military parent was reported in the majority of Reserve component children. (RCSS 2008)

Reserve component:



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Positive Effects of Deployment

- Reserve component spouses report experience growth in personal strengths as a result of their spouse's deployments, particularly those who were most negatively affected, Army National Guard and enlisted personnel
(RCSS 2008)
 - 74% reported an increase in personal strengths
 - 67% reported more independence
 - 54% reported more confidence
 - 48% reported an increase in other personal strengths.
- Both active duty and Reserve component spouses report that their deployed spouse returns home appreciating their family an friends more, appreciate life more, and they have more confidence.
(ADSS 2008; RCSS 2008)

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Take Away Messages from Research

- There are signs of increasing stress on spouses and children.
- Differential impact on our younger troops.
- Communication is essential; between spouse and Service member, between parent and child, between the military and family members.
- We need to know more about:
 - what factors enable or hinder military family participation in supportive programming
 - how families experience different points of the deployment (pre-, during, post)
 - how multiple deployments impact families and children
 - the risk and resilience factors associated with spouses, family, child and adolescent responses to deployment
 - how military life impacts the strength of the couple relationship.

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New DoD Research Starts

- **Current and Future DoD research addressing the impact of deployments on families**
 - **Longitudinal Survey of Active Duty Families (Spring 2010 launch)**
 - Over 100,000 spouses will be asked to participate
 - Some spouses will be paired to the active duty member to create a paired-couple database
 - **WE NEED YOUR SUPPORT!**
 - **Understanding Effects of Multiple Deployments and Promoting Resiliency in Families and Children of Deployed Service Members (currently in planning stage)**
 - **Projects to examine the Military Family Life Consultants and Military OneSource Counseling.**
- **By working with the Services and internal and external partners, DoD continuously tries to maximize what we learn about our service members and families to enable us to better target policies and programs.**

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For further information, please contact:

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Appendix G

Detailed Minutes of Breakout Session One

Breakout Session 1: Unique Issues Unique Issues and Challenges Monday, November 9, 2009; 2:00-3:30 PM

Group number: 1 - Army
Recorder name: Steve Sobotta
Reporter: Jessica Myers

Reporting out: the three most critical issues:

1. Length of deployment/multiple deployments
2. Improve access to medical care and other support services
3. Families want standard, consistent, predictable programs regardless of component/ location

Breakout Session 1 Questions to be addressed by the group:

Spent about 5 minutes going over group information/norms

1. Based on your experiences and observations, what are the challenges and stressors for Military (Army) families?
 - Length of deployment (nearly shouted by most of the group immediately after the question was asked)
 - Multiple deployments
 - Frequency of PCS moves
 - Limited child care services
 - Special needs children supports
 - Disparity between frequent deployments and no deployments by personnel (dwell time)
 - Lack of trained mental health/behavioral health providers in the future to support long term issues
 - Linked to bullet above...access to care (education to understand what is available, limited resources/care providers, command support/stigma)

Appendix G

- Stigma that families experience in asking for support across all realms of support – mental, behavioral, financial, medical, etc
 - Too many processes and too many services, too much duplication of services and programs
 - Joint Military (not just Army specific)
 - » Non standard family programs across services
 - » Access standards are different
 - » Inconsistent support, policies, programs and practices across services and between AC/RC.
 - » Barriers to education and employment for spouses, children and wounded warriors
2. Which of these challenges and stressors do you see as being unique to your Service, Component or Program Area?
- Skipped for time and partially covered in question 1.
3. What factors in Military life may have contributed to or created these challenges and stressors for Military families?
- a) Within your Service, Component or Program Area?
- Length of deployment
 - Mission fatigue and compassion fatigue of those that have provided support to the families of service members deployed over the past 8 years
 - Better integration among units and support structures – more open communication between commands and support services to ensure all commands know what services are available that may meet their specific needs and commands knowing (or understanding) which specific needs they require based on organizational demographics
 - Frequent family moves
 - Employer support (spouse especially) for not only active duty but for reserve components
 - Geographical dispersion for service members and their families away from standard installations and the support services
 - BRAC and Army transformation (operational churn and operational tempo)
- b) Across Services, Components or Program Areas?
- Service cultural differences (each service takes on its own identity)
 - Connecting families to charities is extremely challenging specifically with regards to legal issues – getting charities to assist and finding ways for the legal system to allow them to help

- TRICARE issues
 - Family Support Equity and Services (including VA)
 - Continuity of care
 - Cultural diversity (lack of)
4. Which of these factors could potentially be minimized, eliminated, or transformed in some way to lessen the negative impact on quality of life for families?
- Increase dwell time (Army) to reduce the number of deployments (individual based)
 - Increase time on station to reduce number of moves (family based)
 - Address overlap and redundancy by matching programs and services to the desired outcomes
 - Integrate and synchronize continuity of care
 - Establish minimum common levels of services across services
 - Improve delivery of services to operational units
5. From the perspective of a Military Family, addressing what challenges and stressors identified would have the most impact on improving the quality of life for Military Families?
- a) Within your Service, Component or Program Area?
- *Skipped due to time constraints*
- b) Across Services, Components or Program Areas?
6. Given the challenges and stressors discussed here today, what do you believe are the three most critical issues for military families?

LISTED ABOVE AS THE TOP THREE

Group Expectations Expressed During Introductions of the Group (DO NOT DELETE)

- a) What can families do while SM is still living just in case
- b) Possible outreach program to assist in advertising programs
- c) Figure out strategies to get information out to families about all of the great programs available but not well known
- d) How to reach soldiers and family members and any policies needed to make that happen (or assist)
- e) Improve communication to the families
- f) Identify gaps and improve existing programs

Appendix G

- g) Consolidate research somehow to see who is doing it and what they are doing and what the projected outcomes are to limit duplication of effort
- h) Research duplication of programs to limit differences
- i) Wounded warrior – impact on soldiers and families using the programs
- j) Find a way to ensure that common levels of support are the same across services and limit the differences
- k) Standardize support across services
- l) Find a way to better frame and advertise the services available to families – a strategic communication plan on family support programs across all of DOD
- m) Better information for FRG leaders to better support local family groups
- n) Any plan developed must have a macro view – entire Army not just active duty force
- o) Align programs, processes and governance structures to assist with the development of family programs and policies
- p) Ensure that all levels of personnel supported can easily access the information provided...make sure that the lowest common denominator is capable of accessing info.... high school grad spouse, limited internet access, low income, etc all the way to senior personnel and families
- q) Family support extended to wounded warrior families and their extended families (parents, etc) that are also providing care but are not in the “military family”
- r) Unity of effort with services
- s) Reduce the gap between (physically) services available....place all services in a consolidated location on an installation to make them easily accessible
- t) Assist wounded warriors and their transition

Breakout Session 1: Unique Issues Unique Issues and Challenges Monday, November 9, 2009; 2:00-3:30 PM

Group number: 2
Recorder name: Karin De Angelis

- a) Financial stress
 - going from 2 to 1 income due to deployment
 - poor financial literacy (don't have skills to manage money)
 - economic climate
 - absence of family member responsible for finances
 - lack of education on financial management
 - creditors who prey on military families
 - family programs don't get enough funding to implement
 - insufficient income, especially when have children
- b) Mental health for servicemembers
 - returning with PTSD
 - minimal downtime between deployments
 - stigma regarding treatment
 - gaps in availability of care
 - no end in sight (no way to frame requirements of war)
 - shortage of providers (unable to locate specialists such as child psychiatrist, difficulties expanding beyond TRICARE, whether family lives near military facility)
- c) Mental health for spouses: stigma regarding treatment
- d) Compassion fatigue for caregivers (often military spouses employed by military to provide these services)
- e) Lack of sufficient indicators regarding timeline of wars: No certainty on duration of wars, families running out of steam
- f) AF personnel don't always deploy "en masse"
 - deploy alone, not with group

Appendix G

- base continues to operate with less personnel which creates more stress for SM staying behind
- g) Overall, AF is doing more with less due to decreased personnel in service
- h) Air bases will stay open in warzones even as other services drawdown combat troops (have been there on a rotational basis since 1990)
- i) Mindset of “how can we complain” when AF compares itself to other services so people less like to speak up about issues such as PTSD
 - AF doing a lot of Army jobs, yet little recognition of becoming a “ground force”
 - public and other services view themselves (particularly the Army) as THE military
 - “silent suffering” due to perception that AF personnel can’t speak up
- j) How can families find the information that they need when they need it...too much information to sort through
- k) Matching resources to need, particularly for Reserve Component (RC)
 - family support for Reserve Component families who are part of operational force
 - rules how we serve RC change so quickly
 - trying to fund programs within funding cycle means delay of several years
 - no longer should consider as us v. them, but change mindset of RC as part of our AF
 - need to consider dependence on installations to deliver programs (certain services cannot be offered or are offered in limited quantities)
 - medical and childcare should not be cut off with end of deployment for RC
 - not resources to provide services to RC, but now get unlimited commissary/exchange privileges, would like unlimited healthcare for RC, especially with deployment
- l) Need for task force to look at all stages of deployment to figure out appropriate responses standardized across service (including RC)
- m) Deployment: not enough time between pre-deployment and deployment
 - need to think like Navy...deploying as way of life, uneven deployment requirements
- n) Family readiness
 - Family members need same motivational standards as servicemember (focus on ideals such as commitment, not just checklist of items such as manage child care)
 - some military members don’t share information with spouse (predeployment sharing, some filtering of information from military member)

- need marketing plan for social networking generation (have to send, but will not attend meeting)

Reporting out: the three most critical issues:

Considered combining deployment and mental health and resources and marketing

***These are the main issues that were voted on:**

- Personal Finances
- Mental Health
- Deployment
- Insufficient Resources (people and money)
- Reserve Component
- Marketing

The group considered combining deployment and mental health and resources and marketing, but decided to keep critical issues separate.

1. Stigma of seeking and obtaining Mental Health services...hinders not just the SM but the entire family from performing in a healthy manner ...not just clinical health, but family support
2. Resources: Ensuring AF people who have needs get the right resources at the right time
3. Deployment: Prepare families to recognize and value the reality of today's rapidly deploying force

The final bullets/critical issues are:

1. Stigma of seeking and obtaining mental health and family support services
2. Ensuring military families who have needs get the right resources at the right time
3. Prepare families to value and adapt to the reality of today's rapidly deploying force

Breakout Session 1: Questions to be addressed by group

1. Which of these challenges and stressors do you see as being unique to your Service, Component or Program Area?
2. What factors in Military life may have contributed to or created these challenges and stressors for Military families?
 - a) Within your Service, Component or Program Area?
 - b) Across Services, Components or Program Areas?
3. Which of these factors could potentially be minimized, eliminated, or transformed in some way to lessen the negative impact on quality of life for families?

4. From the perspective of a Military Family, addressing what challenges and stressors identified would have the most impact on improving the quality of life for Military Families?
 - a) Within your Service, Component or Program Area?
 - b) Across Services, Components or Program Areas?
5. Given the challenges and stressors discussed here today, what do you believe are the three most critical issues for military families?

Appendix G

Breakout Session 1: Unique Issues Unique Issues and Challenges Monday, November 9, 2009; 2:00-3:30 PM

Group number: 3
Recorder name: Patty Fanflik

Reporting out: the three most critical issues:

1. Communicating the resources/information
2. Healthcare (includes special needs, wounded, etc.)
3. Implementation/assessment of policy

Breakout Session 1 Questions to be addressed by the group:

1. Based on your experiences and observations, what are the challenges and stressors for Military families?

Speaker: Family members having problems with moving to different states with job status and licensure for jobs requiring licenses.

Speaker: Trying to learn pre-deployment strategies for families prior to leaving having spouses more prepared for deployment. Learning stress techniques for all.

Speaker: how to figure out community, just general community or military community. For general community we need to better engage.

Speaker: removing barriers for our families. Pcs moves.

Speaker: hardest thing is to translate research into ways to use and modify the process for our families in order to translate into policy.

Speaker: ways to help single members, there much out there for these individuals

Speaker: FRO, been involved in FR for many years, employed now. Excited about this in how much military (Marine) is listening to families. Unique challenges for wounded soldiers.

Speaker: Progression of services and support are a welcome. Research is coming and good for these issues. Issues of childcare is a problem, although getting better, still an issue. We always worked with the installation, war and stress has expanded beyond the installation. We need new ways of communicating with families and what new

families need at this time. What are other organizations doing to help; we need to know what each other are doing.

Speaker: To find a way to reach families. We have all these programs and we don't get the word out. No one knows what we offer. Our marketing isn't working.

Speaker: Kids serve too. Parent at home enjoy getting kids out of house. Family memories are lost (eg. first day of school), we need to build new memories. We can and should look beyond what we are doing now. We've come a long way in supporting families but what I've seen, still catching up with what's going on. What do we need to put in place for a war that last another 5 years. The end of these deployments and the public puts attention elsewhere, what's in place for these families that have served.

Speaker: to see how we can build the relationship with the land grant system. What are we going to see when these children are grown, what will they say helped them in this difficult time. Resources are here but many are not accessing resources. Families don't know about what's going on.

Biggest challenges

Communication of what's available

Stressor:

- Childcare
- Loss of spouse's job (career not job)
- Healthcare, getting appts, navigating tricare, trying to recruit healthcare providers
- Military docs are deployed
- Deployment, above all frequencies of deployment
- Not getting enough time to re-integrate, soldiers are on training and not enough time for families once they are back in country.
- Deployments are too frequent and too long
- Goal isn't getting through deployments but how do you reintegrate, how do you come back to the family
- Putting policy into action item, when policy is introduced, how efficiently is it being implemented? Not having policy for the sake of policy but how to use it and effective assessment, are they meeting the needs of our communities.
- Next generations, how will these policies impact the next generation?

- No one is sure why special needs kids are so prevalent in military, certain segments need additional help. Need to be more supported.
 - Problem, if aunts or other family members need to have access and can't for soldiers that may be hurt or need assistance. Delivery problems, find a way to reach everyone, not individually. Some folks need targeting help. Awareness that one size doesn't fit all.
 - What happens when tragedy occurs. Next of kin from pre-deployment to deployment. Being prepared, information is prepared correctly before anything happens. We need to be able to be prepared to say what military families need to know. Spouses need to know this information, wounded soldiers need to discuss these issues. We have to do a better job of giving this information to families. Most families don't want to talk about these issues. Getting all information in order pre and post deployment.
 - More communications about benefits and what's important to know.
 - Heard there is way too much information out there, but some don't want to hear it right now during deployment. Develop a road map to ask leading questions, to help move families to the next step. Lead them to the next set of resources. Some young wives and husbands don't know the questions to ask or where to go. Help them plan this out. Difficult part is finding the critical points of when to introduce these questions, resources, answers. Instead of just getting ID, perhaps we could give new members a resource guide, touch points, and when are those touch points.
 - Spouses sometimes want to keep things separately so they don't want to know. How can we bring those people in?
 - Need more collaborations
 - Unemployment insurance issues may be a problem. These are states problems, but could be a federally mandated program, policy issue?? This is a balancing act for states.
 - Childcare availability, what does that mean... Access to CDC is not available. We need off the installation care that is subsidized. Hours may not meet the needs of family.
2. Which of these challenges and stressors do you see as being unique to your Service, Component or Program Area?
 - *(didn't get to this point)*
 3. What factors in Military life may have contributed to or created these challenges and stressors for Military families?
 - *(didn't get to this point)*
- a) Within your Service, Component or Program Area?

- b) Across Services, Components or Program Areas?
- 4. Which of these factors could potentially be minimized, eliminated, or transformed in some way to lessen the negative impact on quality of life for families?
 - *(didn't get to this point)*
- 5. From the perspective of a Military Family, addressing what challenges and stressors identified would have the most impact on improving the quality of life for Military Families?
 - *(didn't get to this point)*
- a) Within your Service, Component or Program Area?
- b) Across Services, Components or Program Areas?
- 6. Given the challenges and stressors discussed here today, what do you believe are the three most critical issues for military families?
 - 1) Communicating the resources/information, generational and life course needs, critical touch points, constant assessment, external elements such as community support

Childcare continuum:
 - 2) Healthcare (includes special needs, wounded, etc...); accessibility: geographically displaced, quality of health care; Deployment (non-deployment caregiver)
 - » Navigation of Tri care, continuing care
 - » Policy process to implementation, assessment of policy/process
 - » Casualty from beginning to end (insurance, wills, etc.) life course issues
 - 3) Implementation/Assessment of policy.
 - » Priorities
 - » Metrics
 - » Accountability

Breakout Session 1: Unique Issues

Unique Issues and Challenges

Monday, November 9, 2009; 2:00-3:30 PM

Group number: 4 (Navy)
Recorder name: Michelle Sandhoff
Reporter: Kevin Sutton

Reporting out: the three most critical issues:

1. Excessive Transfers (geo-bachelors, spouse career, kids at school, childcare)
2. Marketing, outreach, information dissemination and awareness of services
3. Leadership walking the walk to overcome stigma of seeking help

Note: only 7 people here at start

Expectations:

want people to know about programs (spouses want to know what programs available), how IAs being cared for (“gaps and seams” in delivery of care), delivery of care to geographically dispersed persons.

Group proposes brainstorming on issues and voting on top 3 rather than following outline:

- Unwillingness/reluctance to seek care/assistance (on part of service member and family)
 - » Mental and physical health
- Think of fleet family services as “over in the corner”, services need to come to them in an unintimidating way. Get foot in the door to know support and start relationship base, entice them. Entice with something small not intimidating to start relationship so when they need more help they have established relationships.
 - » Marketing aspect, also outreach
 - » Problem the families (spouses) don’t know out there, or don’t think they need it.
 - » Moving service to more neutral spot (San Diego doing this...minivan (?))
 - » Delivering service to schools
 - » Make convenient, not waiting for someone to come in
 - Hours, availability beyond 9-5
 - » Near commissary, PX...can run errands and stop by family services
- Unaware of services...know in back of mind, but how will that help me

Appendix G

- Misperception
- Why spouses don't go?
 - » Great programs weren't in place when they started as spouses, learned and figured out own ways to do stuff. Don't think of services. Can't (don't) advise new spouses. Not on top of list.
 - » Didn't know it was available
 - » Knowledge not based on length of time as military spouse (without need may not be aware of resources)
 - » Want to keep issues off base, away from command. Commanders becoming more supportive, but again, not how many spouses learned to cope.
- Cycle: lack of knowledge, don't know where to go
- Getting senior leadership to endorse. To walk to talk.
 - » General Ham in Chicago recently... "I realized I wasn't a good husband, father, soldier. I realized it was ok to not be ok." [paraphrased]
 - » Need for more senior leaders modeling and stating this
- Everyone says family is important (Sailor and their family), but is it really integrated into thinking (what does it mean?). When there are cuts, etc it's the family who takes the cuts.
- General Dunn, leading by example. We all have issues, senior leader would not have done that 10 years ago.
 - » Consistency of leadership also important, starting and finishing...not just checking a block.
- Keep family informed of what's out there; get families to pre-deployment briefing. Why aren't families coming? (Pay for room and board of spouse, childcare... spouses still don't show). Disconnect... not sure what it is
 - » Soccer practice
 - » Control of information (not always malicious: that's not info she needs to know, it's just how sailors think, focus on career rather than family (competitive), or want to keep family and career separate).
 - » Feeling that command cares about spouses may improve spouse involvement (it needs to be relevant to my situation)
- Linking up with other family members empowering. My needs are taken care of I can take care of someone else.
- Fleet concentration areas, too big, can't take care of everyone. Can keep up with demands (housing, child dev centers>waiting list, particularly problem for single parents). (ex: San Diego, Norfolk). Difficulties in the areas may lead to service members getting out.

- Is Child Dev Center waiting list a real problem or perception of problem?
 - » Improving, better off than 2 years ago...but it takes a while to build center. 2 years from now will be close to meeting demand.
 - » Do you get cynical and no longer try because of belief of waiting list?
 - » Spouse not seek employment because of waiting list (1-1.5 years waiting in 2 year deployment)
 - » What do we do until improvements are realized?
 - Partner with community
 - Expand out to geo-dispersed
 - Vouchers (sorta kinda), subsidized childcare outside gate
 - Reservists, ROTC, etc others not on base
 - Underutilized – do people know? Letting people know things have improved
 - » Was childcare available to meet duty needs? Yes, but mostly through friends, community, not on base. Currently on-base centers not open to meet needs. Need to re-look is childcare mission is met by spaces and hours. Sailors and COs will tell different hours that are needed.
 - Dual-military
- Why don't use: time demand. Last thing want to do after long day in go to evening meeting/brief. Going during work (even when command approves) draws criticism from peers.
 - » Dedicated to mission...that's why sailors are there. Difficult choices.
- “no male ever goes to a spouse thing”
- Incessant transfers (PCS) are an issue. Ex: trying to sell/buy house. Perception that particularly a problem in Navy
 - » Geo-bachelors, do into debt paying for two places
 - Geo-bachelors on the rise
 - Schooling
 - » Age of kids (high school)
 - » quality of schools for kids
 - civilian kids don't want to make friends with military kids cause they leave
 - transferring schools gets harder as get older (esp high school...transfer grades, honors, activities/sports, getting high school credit in middle school, iterative courses (sequencing) – ability to get into AP => opportunities for scholarships, weighting of GPA)
 - » spouse employment
 - » QOL>social support (neighbors in housing understand you, moving disrupts this)

Appendix G

- Stigma of having family issues/problems
 - » FAP in family centers, people don't want to go to center because of assumption they are going to FAP.
 - » Get labeled.
 - » Concern seeking assistance (mental health/family) reflects on performance >keep it out of the command
 - » Perceived more than is an actual problem. Command would prefer you seek help.
 - » Stay off record: 1) Chaplain 2) 6 counseling sessions in community (up to 12) [Military One Source] in every community in the country
 - » Sign of weakness
- Retribution (from command) only seen when it was used as a scam to get out of work; different story for peers.
 - » More perceived implications than real implications.
 - » But disqualified for mental issues, also debt (for some rates...with security clearances)
 - » So there are real career impacts
 - » But prevention should not have negative impact, only when becomes problem
 - » Implications regardless of asking for help. Not seeking help it's having the problem.
 - » Perception/stigma lessening (slightly)
- Getting in the door to begin making relationships to make seeking help with more personal issue easier. Decrease stigma, because go for other things.
 - » Gear marketing for ppl with positive (non-counseling) experience
 - » How does usage compare to civilian employee assistance programs? We can't expect everyone to use it.
- Info overload. Too many websites, too many places to go. How to figure out good/bad? Scams vs. endorsed. "Keep it simple sailor". Don't want to read a lot to get to application. 2 clicks. Get to point. Want to get point in 2 minutes. Constant linking to new pages and sites is a problem.
 - » Harder to access internet when not on shore. Intel is taking the space, not available for others. Slow to load, download. Mandatory training almost impossible. Email is fine, it's the fancy PPT, etc that don't work at sea. Usability is zero.
- How do younger sailors and families want to be communicated with?
 - » There's not one way; generational approach to think that certain ages all use same technology. Individual approach
 - » Be where they are (e.g., commissary, housing office).
 - » User friendly website...spouse with toddler and screaming kids, etc...don't overwhelm them. They only seem to have more time. Counter point...younger spouses may be able to manage all this, this may be the norm.

- » Utilize different methods...OCONUS may not have access to high speed internet. Outreach outside the box, places we may not expect them to be looking for info.
 - Broadcasting on sound system, putting flyers in bags at checkout at commissary, health providers.
 - Targeting spouses who have been in a while (update on what is available now and enable them to pass this info onto newer spouses).
- More spouses excluded from indoc (often before marriage)
 - » Example: in 16 years as navy wife has been contacted only once without her reaching out
 - » Ombudsman not trained to contact spouses, trained to wait for spouse to contact them.
 - » Helpful to have (active) relationship with ombudsman
- Commands may not implement program in way intended. They have to have it but don't really care
- Svc member education also keeps them out of loop.
- Communicating with service member not family.
 - » Using facebook, etc to push info to families.
- Deployments not a focus here>it's not new to the Navy, not affected by war.
- Navy specific stresses:
 - » IAs, on their own, who's taking care of them while deployed?
 - Families follow service member or stay where they were.
 - If OCONUS can't stay. Move without sailor and that support system
 - CIAC (Command IA Coordinator) Program...must be assigned to IA. Helps with contacting family. New as of April 09.
 - » Immediate need, may be essentially no notice
 - » impact on retention – get first shore duty and immediately called for IA (if wanted to be soldier in Afghanistan would have joined Army).

Reporting out: the three most critical issues:

- Knowing about services
- Transfers (geo-bach, spouses, etc)
- Senior Leadership/IA Issues (initial tied)

end session notes

Breakout Session 1 Questions to be addressed by the group:

1. Based on your experiences and observations, what are the challenges and stressors for Military families?
2. Which of these challenges and stressors do you see as being unique to your Service, Component or Program Area?
3. What factors in Military life may have contributed to or created these challenges and stressors for Military families?
 - a) Within your Service, Component or Program Area?
 - b) Across Services, Components or Program Areas?
4. Which of these factors could potentially be minimized, eliminated, or transformed in some way to lessen the negative impact on quality of life for families?
5. From the perspective of a Military Family, addressing what challenges and stressors identified would have the most impact on improving the quality of life for Military Families?
 - a) Within your Service, Component or Program Area?
 - b) Across Services, Components or Program Areas?
6. Given the challenges and stressors discussed here today, what do you believe are the three most critical issues for military families?

Breakout Session 1: Unique Issues

Unique Issues and Challenges

Monday, November 9, 2009; 2:00-3:30 PM

Group number: 5
Recorder name: David Smith

Reporting out: the three most critical issues:

1. Establishing and communicating realistic expectations and available resources for family readiness and support
2. Real and perceived barriers to care/services, e.g. stereotypes/stigmas
3. Provider of services is also employer

Breakout Session 1 Questions to be addressed by the group:

1. Based on your experiences and observations, what are the challenges and stressors for Military families?
 - PCS Moves
 - Unemployment and financial issues
 - Culture of mobility
 - Deployment
 - Dangerous lifestyle
 - Family separation
 - Provider for support services is also employer (privacy issues)
 - Family in role they are not prepared for (multiple roles), especially younger service members.
 - Schools and quality of education for children
 - Childcare
 - Spouse employment
 - Healthcare
 - Standard of living expectation for officers without resources available to meet these expectations.
 - Basic life skills for junior enlisted
 - Dwell time between deployments
 - Staying current on available resources
 - Non-DOD ID family members (non-marital relationships, extended family)
 - Real and perceived external barriers to resources, services, support.

Appendix G

- Blessing and curse of technology (immediate impact of deployed situation as well as family problems)
 - Gap between organizational requirements and American family values related to the need to be together.
2. Which of these challenges and stressors do you see as being unique to your Service, Component or Program Area?
- Family Programs providers are also military families subject to same stressors
 - Differences have diminished between services and components (AC and RC) due to current war scenario.
 - Stereotypes and stigmas of expectations and seeking counseling services. Awareness and access to resources and information is challenged by potential stigma.
 - Army 12 months deployments
 - Air Force and Navy Individual Augmentees
3. What factors in Military life may have contributed to or created these challenges and stressors for Military families?
- a) Within your Service, Component or Program Area?
- Deployments, unevenness among services and resources
 - Unevenness of degree of support
 - Method and timeframe of delivery or availability of services
 - Relocations (PCS Moves)
 - Employer is also provider of services
 - Disconnect between national strategy and operational employment and implications on service members and families.
 - Stop loss effects
 - Retention intention
 - Healthy and resilient families maintain high readiness
 - What is the standard of service and support?
 - How do we re-integrate service members back into society?
- b) Across Services, Components or Program Areas?
4. Which of these factors could potentially be minimized, eliminated, or transformed in some way to lessen the negative impact on quality of life for families?

- Information overload and accessibility
 - Better communication
 - Realistic expectations
5. From the perspective of a Military Family, addressing what challenges and stressors identified would have the most impact on improving the quality of life for Military Families?
- a) Within your Service, Component or Program Area?
- b) Across Services, Components or Program Areas?
6. Given the challenges and stressors discussed here today, what do you believe are the three most critical issues for military families?
1. Establishing and communicating realistic expectations and available resources for family readiness and support
 2. Real and perceived barriers to care/services, e.g. stereotypes/stigmas
 3. Provider of services is also employer

Breakout Session 1: Unique Issues

Unique Issues and Challenges

Monday, November 9, 2009; 2:00-3:30 PM

Group number: 7
Recorder name: Wes Huey

Reporting out: the three most critical issues:

1. Supporting the complexity of reservists employment in the civilian workforce, relationships with employers, and problem with predictability of deployments and dwell time
2. Challenges for personnel and their families who are geographically dispersed, consequences both within the family and in seeking support systems for the family in a non-military community
3. Reserve system difficult to navigate – more than a “weekend warrior” commitment. Family members don’t know where they fit, what their entitlements are, and who to call to resolve.

Expectation:

- Building community capacity
- Ideas don’t come to fruition, know the issues but don’t fix it!
- Army O-6 – concerns with aging parents as deployed servicemembers
- Lots of services, issue is lack of centralization and dispersal, is it feasible to have a cable access channel/radio/TV for nationwide resource?
- Hearing about strengths and gaps, how can Red Cross help with outreach?
- Learn and listen, don’t know military culture – “I’m a sponge.”
- We (Congress) do a poor job about communicating to the general public about the needs of military families
- No expectations – didn’t know what I was coming for

Breakout Session 1 Questions to be addressed by the group:

1. Based on your experiences and observations, what are the challenges and stressors for Military families?
 - Reserve issues differ from AD, Reserves more concerned about feeling connected rather than moving too much
 - Reservists don’t have an identity as military personnel

- For AF side, gap between end date of voluntary order and another order – funding is lacking from leadership to keep personnel to fill gap, have discontinuity in entitlements despite there being a continual requirement
- Complexity of reserve system – some are in but never get called, others work weekends and get activated, still others (AGR) are like active-duty, Guard even more complex due to state-employee dynamic
- Complexity impacts allocation of benefits
- Mindset on part of the service provider – barriers to service to Reserve component, providers don't understand that reservists recalled to active duty have same entitlement than active component, general misunderstanding among service providers that reservists have their own formal structures for services
- Does anyone provide training to reserve families to develop contingency plans in case of callup
- Yellow ribbon – educational initiative to indoctrinate reservists on services/entitlements, but they take time away from families, current initiative to get funding for funding family member travel to Yellow Ribbon training sessions
- Need to stop seeing Yellow Ribbon as an “event” – rather, we should be institutionalizing this information throughout reservist careers
- Yellow Ribbon has the feel of “information overload” to some
- ECU Family and Sciences Department – Central Life Skills of Military Families, financial hardship/child neglect of reserve service, deployed by cooperative extension agents in each county – idea is to use the land-grant agents for outreach to guard and reserve families
- Services may exist, but personnel may not want to come (may not feel an immediate need)
- Maybe haven't taught people to be a consumer of information – younger generation may see media as entertainment, not as an information resource
- Legitimacy of reserve outreach programs (Yellow Ribbon) may be increasing, dependent on region – some more developed than others, efforts seem to be bearing fruit
- Current efforts do triage on issues, then get them info tailored to their needs
- Greater amount of altruistic spirit among people – seeing greater volunteerism, seeing same thing in military families in terms of caring for one another – how do we better leverage that spirit? The thing is, how do you get this spirit promulgated among groups in need? Seems that we are in a generation of increased social support spirit.
- Overall civilian support for the military has been strong lately, but that is bound to turn. A concern for the future – need to leverage positive atmosphere now to push policies through.

Appendix G

- Chamber of Commerce – what if we brand an effort called “Chamber of Care” at the state-level, similar Interservice Family Committee, collaborative interagency means to address needs.
 - Key is to get information to families when they need it – Yellow Ribbon a good start – “coming along.”
 - Yellow Ribbon gatherings tailored to particular unit needs – event planner uses feedback to tailor services. 30/60/90/180 day “touching”, web-based menu of services in area.
 - Need to get leadership to endorse programs to increase legitimacy with soldiers – soldiers are naturally skeptical about how programs add value.
 - 3 basic stressors: 1) finances, 2) relationships, 3) jobs
 - Citizen warriors primary employment in community, but in current economy, civilian work isn’t there, so they are volunteering for reserve service, increases percentage of combat service among reservists – employers are “backdooring” laws about holding jobs for reservists because reservists are volunteering for mobilization.
 - Deploying reservists are being blamed for higher corporate payroll and state budget shortfalls.
 - Opposite dynamic also applies – reservists must leave lucrative jobs
2. Which of these challenges and stressors do you see as being unique to your Service, Component or Program Area?
- Reservists tied to civilian workforce
 - Disruption to family, different in reserve because neighbors don’t understand military issues, in active component social support more understanding of family stressors related to military service, isolation.
 - Reserve duty is now 24/7, if you want to progress, you work all the time
 - People often use the military as a scapegoat for problems in their lives (deployment ruined my marriage).
 - Rather than the military taking care of families, need to empower families to take care of themselves – reserve duty is a choice, and it’s the responsibility of the service-member to get the information they need – need greater accountability assigned to service-member.
 - Perhaps too many services are available – saturation
 - Collective competencies – how do we make them happen
 - Need to equip people to receive information while working to push information
 - Recurring theme (historically) – people don’t know where to go for services

3. What factors in Military life may have contributed to or created these challenges and stressors for Military families?
 - a) Within your Service, Component or Program Area?
 - b) Across Services, Components or Program Areas?
4. Which of these factors could potentially be minimized, eliminated, or transformed in some way to lessen the negative impact on quality of life for families?
5. From the perspective of a Military Family, addressing what challenges and stressors identified would have the most impact on improving the quality of life for Military Families?
 - a) Within your Service, Component or Program Area?
 - b) Across Services, Components or Program Areas?
6. Given the challenges and stressors discussed here today, what do you believe are the three most critical issues for military families?

Appendix G

Breakout Session 1: Unique Issues

Unique Issues and Challenges

Monday, November 9, 2009; 2:00-3:30 PM

Group number: 8
Recorder name: Kahleelah Hardie

Reporting out: the three most critical issues:

1. Supporting the complexity of reservists employment in the civilian workforce, relationships with employers, and problem with predictability of deployments and dwell time
2. Challenges for personnel and their families who are geographically dispersed, consequences both within the family and in seeking support systems for the family in a non-military community
3. Reserve system difficult to navigate – more than a “weekend warrior” commitment. Family members don’t know where they fit, what their entitlements are, and who to call to resolve.

Expectation:

- Building community capacity
- Ideas don’t come to fruition, know the issues but don’t fix it!
- Army O-6 – concerns with aging parents as deployed servicemembers
- Lots of services, issue is lack of centralization and dispersal, is it feasible to have a cable access channel/radio/TV for nationwide resource?
- Hearing about strengths and gaps, how can Red Cross help with outreach?
- Learn and listen, don’t know military culture – “I’m a sponge.”
- We (Congress) do a poor job about communicating to the general public about the needs of military families
- No expectations – didn’t know what I was coming for

Breakout Session 1 Questions to be addressed by the group:

1. Based on your experiences and observations, what are the challenges and stressors for Military families?
 - Reserve issues differ from AD, Reserves more concerned about feeling connected rather than moving too much
 - Reservists don’t have an identity as military personnel

- For AF side, gap between end date of voluntary order and another order – funding is lacking from leadership to keep personnel to fill gap, have discontinuity in entitlements despite there being a continual requirement
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Appendix G

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 - Rather than the military taking care of families, need to empower families to take care of themselves – reserve duty is a choice, and it’s the responsibility of the service-member to get the information they need – need greater accountability assigned to service-member
 - Perhaps too many services are available – saturation
 - Collective competencies – how do we make them happen
 - Need to equip people to receive information while working to push information
 - Recurring theme (historically) – people don’t know where to go for services

3. What factors in Military life may have contributed to or created these challenges and stressors for Military families?
 - a) Within your Service, Component or Program Area?
 - b) Across Services, Components or Program Areas?
4. Which of these factors could potentially be minimized, eliminated, or transformed in some way to lessen the negative impact on quality of life for families?
5. From the perspective of a Military Family, addressing what challenges and stressors identified would have the most impact on improving the quality of life for Military Families?
 - a) Within your Service, Component or Program Area?
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6. Given the challenges and stressors discussed here today, what do you believe are the three most critical issues for military families?

Appendix G

Breakout Session 1: Unique Issues

Unique Issues and Challenges

Monday, November 9, 2009; 2:00-3:30 PM

Group number: 9
Recorder name: Molly Clever

Reporting out: the three most critical issues:

1. Financial issues (particularly for reserves)
2. Access to resources, need for more grassroots local level cooperation
3. Leadership initiating participation, (ex. first to go for mental health screening)

Breakout Session 1 Questions to be addressed by the group:

1. Based on your experiences and observations, what are the challenges and stressors for Military families?
 - Average citizen does not understand the financial impact of repeatedly leaving and coming back to job (esp. Reservists)
 - » Damaging financially and for career
 - Wounded reservists compounds stress of returning to work
 - Role changes; spouse taking on dual role and then having to give it up upon spouse's return
 - Many wounded soldiers are young and single, parents often assume caregiver role – paradigm shift, emancipated young person must re-learn to rely on parents/grandparents
 - » Aging parent caregivers, concern over who will care for aging parents when parents are caring for wounded children
 - Single wounded soldiers trying to find spouse after injury
 - Aging of severely wounded veterans, especially those with traumatic brain injury
 - » Affecting rates of Alzheimer's, early onset
 - Financial implications for caregivers, parents/spouses caring for wounded soldiers may need to give up job for caregiver role
 - Many people organizations want to give money/support to wounded troops, need to match money and needs
 - » Need to make flow of donations steady, remove legal barriers
 - » Spouses face barriers in accessing money, financial management

- Want and need to give people as much information as possible about benefits within and out of service, how much can you repeat information?
- Given information about benefits on discharge, “put in box” and forgotten about and then they say they don’t know what their benefits are, say they never got the information
 - » Call VA help line, have to wait too long to talk to someone and feel like VA doesn’t care
 - » Not knowing how to ask, who to ask, what to ask
 - » Need more communication between active duty members and family support about where to look for resources, “spread the word”
 - » At the end of the day, spouses and service members don’t want to come home and talk about benefits, avoid talking about things that aren’t pleasant to talk about (finances, making wills)
 - » May need alternative routes to pass information to families
 - » Are men less likely to pass information along? Many wives say they find out about events through other wives, not through their active duty husbands
- Veterans are a huge group with different needs, range from WWII vets to young Iraq vets, who do you ask when you have a problem if you don’t feel like the system is set up to address the problems of veterans like you?
- Need for more personal interaction, people get frustrated dealing with confusing websites or waiting on hold on a hotline
- Debate about concierge or ombudsman as a useful resource person, single point of contact may help avoid frustration with large bureaucratic system, but may create a “crowded field” of resource people
- “Crowded Field” may make it more difficult to access information, when soldiers/families feel like there’s one go-to person for everything, there’s too many go-too people
- Family readiness groups are only useful for those who go, how do we access people who are unable or don’t choose to go?
- FRGs often have hierarchy and in-fighting, conflict between paid FRG employees and volunteers, may turn people off from getting involved
- Whether service members separate or retire, make sure they have the information to transition back to civilian life
 - » Make sure spouses also get transition counseling
- Information about resumes and employment transition may be more useful to vets 3 or 6 months after separation, not in weeks before separation
- Child care: when someone becomes a vet, what access to child care does the family have?

2. Which of these challenges and stressors do you see as being unique to your Service, Component or Program Area?
3. What factors in Military life may have contributed to or created these challenges and stressors for Military families?
 - a) Within your Service, Component or Program Area?
 - Issues are not unique to services, more communication across services to figure out what works
 - Each service has different forms, means of accessing resources
 - b) Across Services, Components or Program Areas?
 - Veterans are a group with risk-taking lifestyles, this will likely continue after leaving service
 - Communication with family members
 - » But, most of these problems listed would apply to all families, how much of this is unique to the military?
 - » Military installations have more close-knit communities, communication in the home may be very different than in civilian families
 - Financial impact related to PCS, challenges of uprooting the family, finding new jobs, placing children in schools, especially challenges with finding support for special needs children
 - Frequent deployments can exacerbate all of these issues
 - “Warrior ethos”, resistance to seek help, expectation that military families are always “resilient”
 - » Resilience can be harmful (high expectations), particularly stigma associated with PTSD and TBI
 - » Know that accessing information is “confidential” but often don’t want to take the chance, especially when thinking about possibility of losing security clearance
4. Which of these factors could potentially be minimized, eliminated, or transformed in some way to lessen the negative impact on quality of life for families?
 - Outreach, put up booths, resources at places that spouses and families frequent to get them directly and not rely on service member to pass info along
 - » Partner with civilian organizations that deal with things like financial management, can be less threatening if resources are coming from something like an education institution rather than the military itself
 - » Local and county-level resources, organizations can be incorporated
 - » Mobile outreach, take a bus to rural areas to bring the resources to them

- Get “hip” into technology, using twitter, facebook, etc. for outreach
 - There is no silver bullet, need a variety of approaches and need to continually get information out
 - Ombudsman that follows a service member throughout their career, more personal attention, knows them and their family
 - Leadership needs to be on board, for example, commanders taking the lead in going through mental health screening first to help break stigma
 - » Not enough to just make it mandatory, need to reduce stigma
5. From the perspective of a Military Family, addressing what challenges and stressors identified would have the most impact on improving the quality of life for Military Families?
- a) Within your Service, Component or Program Area?
- b) Across Services, Components or Program Areas?
- Personal Finances
 - Leadership initiating communication and taking the lead in taking part in programs, for example, being the first to go through mental health screening and normalizing these issues for the service members under their command
 - Personal responsibility at the individual level and the family level
 - Timing of dissemination of information, need for ongoing communication
 - Multiple deployments, cuts across many different issues (finances, stress, greater risk of injury)
 - Provide resources at community (county) level, cooperative extension, sustainability
6. Given the challenges and stressors discussed here today, what do you believe are the three most critical issues for military families?
- Financial issues (particularly for reserves)
 - Access to resources, need for more grassroots local level cooperation
 - Leadership initiating participation, (ex. first to go for mental health screening, destigmatize and normalize)

Breakout Session 1: Unique Issues Unique Issues and Challenges Monday, November 9, 2009; 2:00-3:30 PM

Group number: 10
Recorder name: Emily Cook
(Sally K. joined our group)

Reporting out: the three most critical issues:

1. Effects on Children: child care, education/schools, special needs, behavioral and social problems, impacts of parental stress on children
2. Ops Tempo: multiple and extended deployments, short dwell time, predeployment/reintegration especially for non-traditional families
3. Access to Health Care: both medical and psychological, quality/quantity, stigma to seek services, consistency of care

Breakout Session 1 Questions to be addressed by the group:

1. Based on your experiences and observations, what are the challenges and stressors for Military families?
 - Deployment
 - Finances
 - Could list for an hour all the different words/topic areas
 - Ops Tempo
 - Stability
 - Psych health perspective: accessing services in a timely manner with the stigma
 - TBI, non-visible injuries
 - Stress of month before deployment, worry, arguments
 - Child care!!! Constant and huge
 - Geographic dispersement, large distance from base for RG
 - » Isolation from services
 - Lack of uniformity between branches, names of programs are different, language is different
 - » Army family on AF base, don't know the language
 - » Same service too, even within service base
 - » ADDED stress for reserves and NG

- Living off base, living off the formal installation and physical distance from services, support, groups, information
- Navigating health care, TriCare
 - » Perception of differential treatment, different bases means different care, different access and quality of care
 - » “Mental Health Parody”
- SO MANY RESOURCES, is this information overload?
 - » Too many websites, very poorly constructed
 - » Too hard to navigate
 - » What if you don’t have internet??
- Care givers of wounded warriors, huge stress
 - » Often women who are also taking care of aging parents
 - » Parents of servicemembers are left out of system
- NUMBER ONE THING: KIDS
 - » Schools
 - Passing state tests, completing requirements
 - Knowing how to do lunch?
 - » Talking to them about deployments
 - » Health care
 - » Friends
 - » Special needs, different ball game
 - » Single parent problem- needing to have a family care plans
 - » Being a spouse and a parent is a challenge
- Spouse employment
 - » Difficulty finding work at new PCS
 - » Career advancement
- Education for service members; GI bill seems hefty this time, provides good benefits
 - » So are the education facilities prepared to handle these people?
 - Services, orientations, awareness of military issues
 - » Having Veterans Program Offices, student veteran groups
 - » Is an active duty person able to transfer credits? Pause enrollment? Online courses?
 - » Differences between Universities, hard to know where to go for the “military friendly” campuses

- Reintegration
 - » Healthy marriages
 - » Communication
 - » Other intimate relationships
 - » Parent-child getting to know each other
- 2. Which of these challenges and stressors do you see as being unique to your Service, Component or Program Area?
 - All of these are important, inside each service may find some uniqueness when deployment happens because of the way they fight the war
 - Need to make sure all of these are taken care of
 - Is this maybe a civilian versus military question for us? Not sure how we fit a similar “service”
 - » Now we have TONS of civilians as contractors- when do these become recognized for civilians who serve in Iraq?
 - Each one of our offices is concerned about them all- but we all have different authorities and lines of action and communication
 - » So how can we cross programs to coordinate the care/support?
 - » Doesn’t matter who wants to do it, just SOMEONE DO IT
 - Tremendous amount of information out there, how do we give people a basic resource guide?
 - » It’s not that it’s overwhelming, it’s a pain in the neck- just like that quote from lunch
 - » We had a 1983 version of a guide, so there was the perception that nothing had changed in twenty years, this wasn’t true but it was the info they were handed, so now we have an update every 6 months and every book as a link to the newer guides
 - » We need something standardized, small enough that they will actually read it, with an index, give them incentive to dig deeper if they need it but the “first go to”
 - » But let’s not put links on paper when we can have them online! So you can read the online book and then just click
 - If you have web access
 - If you have a fast connection to download the info
 - » 15 flyers, 12 lectures- predeployment briefing handouts, I’d love to have a bound book that I can take home with tabs and an index and I’m an online junkie but my first place could be the handbook, then I can dig deeper online

- » Facilitator question: anything unique to parents, non-traditional families?
 - Parents aren't listed on next of kin, so this mom didn't know what was going to happen to him when he came home (son committed suicide, mom believes she missed signs because not in the briefing)
 - Market a campaign for everyone, that there is a survival guide available
 - Confidential problem, 21 year old is adult
 - Then if married, mother in law can be a stressor!!
 - Do you invite inlaws to reunion parties? Can I have a couple days with him alone with my kids? People don't often think about this part- how to include extended family relations??
- 3. What factors in Military life may have contributed to or created these challenges and stressors for Military families?
 - a) Within your Service, Component or Program Area?
 - Skipped this one, not relevant to group
 - b) Across Services, Components or Program Areas?
 - PCS moves
 - » Constant and continuous
 - Deployments when family structure is nontraditional
 - » Step parents
 - » Dual status parents
 - » illegitimate kids, all beneficiaries
 - » grandparents
 - » single parents
 - » When don't ask, don't tell is overturned, we'll have partners to include as well
 - » Recruiting from orphanages and group homes, people who don't have a family
 - » Coming from a home that was strife with chaos, trauma
 - Military culture itself
 - » Chain of command
 - » Make sure you don't mess up promotions
 - » Different military cultures, across services and within (navy- seals, underwater services, wing, ground) all have different language and standards and expectations
 - Civilian sector "wants" to help, many programs don't understand
 - » Flexibility to learn new things everyday
 - » Feeling like outsiders

Appendix G

- Increased number of spouses who work has impacted need for child care, impacted availability of spouse volunteers
 - Stigma is a problem itself and is also a factor in this section that impacts other things
 - Communication from in-field to home via skype
 - » Aware of problems at home, aware of problems in theater
 - » Hard for dad to complete his mission when he's worried about son at home or wife at home
 - » Better for mom to connect to husband, worse for mom to know level of danger husband was in
 - » Knowing what to share
 - Resources, mental health providers
 - » Competing for money impacts constancy of care
 - » Availability of service, manpower and money
 - » Problem of confidentiality to seek "in house", lack of awareness of community, but then I'm moving again
 - Beurocracy of system is a deterrent
 - » Private institutions want to donate, need a memorandum of understanding, red tape
 - » All these well-meaning intentions but can't partner
 - » Can't cross offices, universities want to send interns but program can't accept them
 - » Such a fine line though, ex child care, need to be trained and want a background check
 - » COLOR OF THE MONEY
4. Which of these factors could potentially be minimized, eliminated, or transformed in some way to lessen the negative impact on quality of life for families?
 5. From the perspective of a Military Family, addressing what challenges and stressors identified would have the most impact on improving the quality of life for Military Families?
 - a) Within your Service, Component or Program Area?
 - b) Across Services, Components or Program Areas?
 6. Given the challenges and stressors discussed here today, what do you believe are the three most critical issues for military families?
 - Information overload
 - » Information source that is simple, concise, comprehensive, and current

- Everything associated with raising children in the military
 - » Child care
- Access to health care, navigating
 - » Quality, quantity, access, stigma of invisible injuries
- Ops Tempo (influences all sorts of other problems)
 - » Sustained, cumulative impact
 - » Health consequences, blast exposure
 - » Mental health of servicemember and spouse and kids
- Spouse employment (related to constant moves)

Two Big Ones:

- Children
- Ops Tempo

Spouse employment and Health Care tied

Appendix H

Detailed Minutes of Breakout Session Two

Breakout Session 2: Goals and Scope

Goals and Scope of Family Support and Readiness

Tuesday, November 10, 2009; 9:00 – 10:30 AM

Group number: 1
Recorder name: David Smith

Reporting out: the three most critical goals:

1. Effective communication via latest technology and family feedback
2. Building sustainable and collaborative partnerships
3. Consistency of service/support core elements

Breakout Session 2 Questions to be addressed:

1. What are the ultimate goals for family support and readiness programs in terms of what families need to know or be able to do?
 - a) What does a family, which is well supported and “ready” look like?
 - Informed of resources available and equipped with tools for managing various problems/issues.
 - Resilient. We can’t eliminate all stressors, but we need to be able to arm them to handle stressors.
 - Access to services needed. Where to go and what’s available.
 - Being a good consumer of information and provide skills to problem solve.
 - Connected. Need to know who/what the resource is and how to access it.
 - Personal responsibility and self-confidence. Being willing to ask for assistance.
 - Willing to participate in programs/services.
 - Identifying and targeting families who need assistance.
 - Network of friends and family which is a support network.

- b) Are there new and/or emerging issues that family support and readiness programs should consider in the future for families?
- More frequent deployments.
 - Better use of technology to reach RC/Guard personnel. Access to web/internet is not always available. Both from a delivery and receiver perspective.
 - Culture that is numb to contingency and war situation resulting in compassion fatigue. War is not news anymore.
 - New era of service members since 9/11.
 - Diverse family types, no longer standard or traditional family types.
- c) What should the scope of family support and readiness be? Are there any issues which family support and readiness programs should not address?
- We should focus on the things we can change. PCS moves and OPTEMPO may not be worth focusing on. However, should we inform the leadership of these issues to make them more aware. Acknowledge turbulence of current situation. Should we focus on strengths?
 - Provide consistent support for families.
 - Remember to focus on RC and Guard families which provide 40% of war effort.
 - Focus on improving current programs instead of adding new programs.
 - Need to provide basic information to all family members on how to navigate support services. Provide critical information at critical points in the military career/life course. Include both immediate family members and extended family.
 - Prevention and proactive approach vice reactive.
2. Given these goals, which of them are not presently addressed by DoD and/or other Service programs and policies (identify gaps)?
- Provide information in various formats to cover spectrum on receivership. Force information and provide more outreach.
 - Importance of informal networks and foster growth of relationships to provide informal support. How do formal programs help develop informal networks?
 - How do you get people to accept social support?
 - Information, services, support is available, but sometimes families don't always use them or know how to use them.
 - Use varied and targeted delivery methods in a consistent manner.

3. How can partnerships and collaborations among the Military, other Federal agencies, and Non-Governmental Organizations (NGOs) contribute to attaining these goals of family support and readiness programs?
 - Knowing what you're good at and focusing on what you can provide and being good at it. Reaching out to areas where there are gaps in support. Working with existing resources to improve the support.
 - Partnering with land grant and extension programs for RC and Guard families. Focus now on large military installations and expand to smaller units and families who are more dispersed.
 - We have to be everywhere and provide support through partnerships. University extensions are everywhere and a natural fit for providing some services and support.
 - Red Cross reaching out to help provide support and knowledge of accessible resources in every community.
 - DOD funding is the largest source for the extension program and can work to fill family support gaps.
 - How do we subsidize and locate quality childcare to fill needs gap for families?
4. What are the most urgent and immediate critical goals that must be addressed (which are not currently being addressed) as soon as possible to support military families?
 - Communication. Latest delivery technology and varied methods. Readiness through being ready to learn and listen. Engage the families in methods that are applicable. Continue to refine the message through the feedback process and assessments. Leadership need to listen to the families and respond.
 - Building partnerships. Brand a collaborative military partnership like the city chamber of commerce. Work on partnerships at the local level based on support that is done well by each organization. Matching need to available service and making it transparent to the user. Ensure that civilian organization which provide support to civilian population do the same for military and especially the RC and Guard.
 - Consistency of core elements of support across all military families (AC/RC/Guard).

Breakout Session 2: Goals and Scope

Goals and Scope of Family Support and Readiness

Tuesday, November 10, 2009; 9:00 – 10:30 AM

Group number: 2

Recorder name: Molly Clever

Reporting out: the three most critical goals:

1. Effective communication and collaboration within and across DoD and other functional organizations, as well as at both individual and community levels, redefining what is meant by community.
2. External evaluation to reduce redundancy and overlap of programs
3. Shift from “provider” to “engager” approach

Breakout Session 2 Questions to be addressed:

1. What are the ultimate goals for family support and readiness programs in terms of what families need to know or be able to do?
 - a) What does a family, which is well supported and “ready” look like?
 - Well informed
 - Connected
 - Functional
 - Engaged
 - Supportive
 - Close-knit
 - » Both as a family unit and with the greater community – extended family, local support structure
 - Financially secure
 - Resourceful
 - Healthy
 - » Sense of well-being
 - Realistic in expectations
 - Adaptable
 - Resilient

- Flexible
- Balanced
- This describes an ideal functional military family, but what about the x percent that are dysfunctional?
 - » Army and Marines more likely to not fit ideal because of nature of optempo
- All families have problems/hardships, whether “ready” or “not ready”, question is how to they deal with problems – do they have the necessary coping skills?
 - » Maturity of families and relationships makes a difference
 - » Younger families tend to go home to their own families, isolation at bases creates a disconnection between young spouses and “home”
 - » Solutions should seek to help these people make connections
- Functional family recognizes their strengths, self aware
- Strong social support, connections, helps with coping
- Personal initiative matters
 - » Not enough to hear about or be aware of programs, but to choose to take part in, engage with resources
 - » Need to make personal, difference between getting an email about a program from a list serve or from a known individual
- Most issues/problems with accessing resources is with young, entry level soldiers
 - » Need to connect the way they connect, through twitter, facebook, etc.
- Just because someone is aware of resources, does not mean they will choose to take part
 - » Need more personal touch, someone to visit family, go and personally ask them to come
 - » Someone who calls every family every month, useful at battalion level
 - » If you don’t have outreach, you don’t have connection, need a hub where outreach comes from
 - » Active component needs to be part of outreach
 - National guard does a good job with this, monthly phone calls, phone trees
 - Training volunteers to engage in phone trees, how to talk to families, what to ask
 - May be because of state pride, sense of local unity, bonding
 - » Outreach missing in active component
 - People may try to keep to themselves
- AD commanders who come out of the reserves have less connections, openness

- [Debate about whether the reserves or active duty are more engaged with outreach]
 - Bonding matters in making effect outreach, national guard and marines emphasize bonding and experience more openness and engagement with outreach
 - The way Air Force deploys diminishes bonding, less sense of connection
 - Bonding=Trust, trust will lead personal initiative to engage with outreach
- b) Are there new and/or emerging issues that family support and readiness programs should consider in the future for families?
- Need to do individualized assessment upon joining, very focused on mission fail to see individual level problems
 - » Need peer support and mentoring from the very beginning, to assess and address problems and potential problems from the get go
 - Fast turnover in all branches diminishes capacity to mentor
 - A lot of the burden falls on the service member, no level of inclusiveness at the level of family mentorship
 - » Can't rely on service member to bear the responsibility of being primary communication and mentorship vehicle
 - » Already have a lot of burdens
 - Where are we in today's society?
 - » Military spouses work more than before
 - » More focus on children and education, higher expectations for education and needs for child care
 - » More and different methods of communicating
 - » First identifier is not necessarily as "military spouse", often identify themselves as a part of another community first
 - » Some spouses and family members will choose not be involved, goal should not be to get everyone involved, but rather to make sure they have the opportunity and resources available at the time that they need them if they choose
 - » Tried to pick up information for a friend (mil spouse) who lived far away and had 5 kids, FRG said she has to come in herself, wouldn't give information to friend who wanted to take the information to her (in rural location)
 - Need more emphasis on how to meet the reality of current work family demands
 - Older military children (teens, 20-somethings) communicate through facebook, twitter, a lot of inter-family communication goes on through these mediums
 - » Can't just engage during business hours or even just through email

- » Facebook “feeds” could be useful, children and spouses could sign up for feeds from family, FRGs, command, etc. to improve access to information
- » Feel that information is relevant and tailored to me
- » Portal means it’s there and I can go to it, need more “feed” model where information comes to me
- » But again, an individual has to choose to accept that information, there are always going to be people who choose not to be engaged and these are potentially the most vulnerable individual
- » Must address issue of community, community no longer means the people who live in the same neighborhood, same base, people now see community is a sense that is broader geographically, but perhaps just as restrictive in other ways
- » Military needs to redefine how they address things on a “community” level, engage with virtual communities as well
- How military “counts the beans” matters, they don’t count hits on facebook so they may not understand how it is being used
- Focusing on readiness at the level of the community rather than individual level may be useful, try to reach the community first, it will filter to individual
- Spouse clubs are changing because people aren’t coming into base, have jobs, etc.
 - » Zip code groups, meet people in their own neighborhoods
- Trust and personal connections, personal touch is extremely important to outreach to those who are not inclined to get involved on their own
 - » But what is “personal” means different things to people of different generations
 - » Some people prefer email, some phone calls, some facebook, etc.
 - Make initial phone call, ask what type of communication they prefer
 - Very very few people will say don’t contact me, and then their contact is tailored to the means of communication they are most likely to engage with
 - » Creating a place to have a bond, bring people together in whatever way you need to, force commonality, people will make connections with other family members that will last throughout deployment
- Be careful about locking “generational” differences into age groups, preference for email, social networking, phone calls, may not necessarily map onto specific ages
 - » Goal should be to reach individuals the way they want to be reached
 - » Effective communication
 - » Targets of communication
- Engage with other leaders and effective local-level communicators, school officials, clergy, employers

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- » Keep these people informed of deployments and possible stressors
- » Civilian community members should be informed of issues concerning deployments
- » Keeping community aware that there are people in your community who are being affected by deployments, this will address issues of isolation
- » Ask civilian community leaders (police, clergy, schools) what do they need to help military families
- Expand effective communication to effective communication between communities, not just within
- There's already a lot of programs that address these issues in place, but many are pre- 9/11 and may need to redefine what is meant effectiveness
 - » Evaluate existing programs and delivery, is it current? Meeting the needs?
 - » Often we just add on another program, rather than fixing and updating the programs that are already in place
 - » Eliminate what's not effective, but what criteria do we choose to eliminate programs
 - » Lots of overlap, could combine programs
- c) What should the scope of family support and readiness be? Are there any issues which family support and readiness programs should not address?
- 2. Given these goals, which of them are not presently addressed by DoD and/or other Service programs and policies (identify gaps)?
 - Too much overlap, need to streamline
 - » People get overloaded with information
 - People expect programs, need to prioritize what is important, maybe programs are not the answer to every problem
 - Military officials are used to dealing with operational problems in an "urgent" sense, here's the problems, here's what we can do, now fix it – a top down approach
 - » Apply this way of thinking to military family issues – may need more bottom up approach
 - Don't oversimplify needs, localized solutions
 - Who's the go to person in our different communities, services?
 - The biggest "gap" is overlap, creates confusion
 - Try to give everybody everything all at once
 - » Need to segment, give people resources and info as they need it

- » There are standard marketing strategies that could be used
 - » Not every spouse is looking for employment right now, think about how to reach particular groups
 - » Give family members opportunity to pre-select
 - Like Amazon.com, where people select what they need and are interested in and then receive suggestions about “other people like you chose this...”
 - Information is often given at a time when people are “glazed over”, not absorbing information, like the 60 day period before deployment
 - » Give them information when they’re thinking logically
3. How can partnerships and collaborations among the Military, other Federal agencies, and Non-Governmental Organizations (NGOs) contribute to attaining these goals of family support and readiness programs?
- Cultural sensitivity, on all levels
 - » Within services, components, races, ethnicities, etc.
 - Evaluating programs and re-educating self can be addressed simultaneously, inform each other
 - » How do you want to work differently? More effectively?
 - Funding – how do you get the most bang for the buck?
 - » Sometimes funding comes from many different sources, problems of this funding can be used for this but not that, while this other funding can be used for this and not that, problems with mixing funding
 - » more freedom in how all these organizations can use the funds they receive, no matter what the source
4. What are the most urgent and immediate critical goals that must be addressed (which are not currently being addressed) as soon as possible to support military families?
- Lack of communication between DoD and other functional groups
 - MSOs, VSOs, NGOs – need for free flow of information between groups...Military coalition
 - External evaluation, bring in new partners
 - » This will validate evaluations more so than internal evaluations
 - Collaboration
 - Reaching out to people who are “new”, for example, fiancés, parents
 - » Important to get people involved early on, offer them opportunity to bond
 - » Listen, need to know what to give before you give it

Breakout Session 2: Goals and Scope

Goals and Scope of Family Support and Readiness

Tuesday, November 10, 2009; 9:00 – 10:30 AM

Group number: 3

Recorder name: Khaleelah Hardie

Reporting out: the three most critical goals:

1. Consolidate and communicate the resources and Resource the Communicators
2. Empower and establish a culture of responsibility early on (early intervention)
3. Long term care. Outreach/ Referral/ Advocacy (Battle fatigue/ family relationships/ injured and ill)

Breakout Session 2 Questions to be addressed:

Schooling in the Military: (Side conversation during introduction)

- They are very difficult to track because parents of homeschooled children usually do not want to tell what they are doing; even sharing the curriculum. This is a problem because homeschooling is on the rise.
 - » It's hard enough tracking which public schools military kids go to. We can track the district but have difficulty in tracking what schools they go to. You would think we'd be able to but it's hard.
- 1. What are the ultimate goals for family support and readiness programs in terms of what families need to know or be able to do?
 - a) What does a family, which is well supported and “ready” look like?
 - Financially ready. There's a whole set of financial issues and concerns that need to be set up during deployment. A financial plan is an ever-changing thing. Power of attorney, will, whose taking care of bills, etc
 - » In the past what I've done is I have a checklist and have where the accounts are. What are the numbers, what's the password of the internet banking, etc.
 - » Financial planning is more than deployment which gets a lot of attention. Its debt, estate, savings, retirement, etc.
 - » There needs to be 'savvy'. I heard we're in the severance society – people living off of their severance pay at the same level. These men are spending their bonuses and when they come off of deployment they get into financial trouble because they're used to that extra money coming in monthly and they didn't plan for what to do with the money once they're gone.

- » We live in a “just in time world.” We are so accustomed to getting info right at the right time for things to go well. We are ‘bandaid-ing’ things just to fix but we don’t think ahead. The classes coming out of Air Force have as a class 1 million dollars in debt. (collectively on average they have 1 mill. Dollars of debt per one class)
- » I think we’re dealing with a generation of people that don’t know how to save and deal with money. Then we turn around and give them credit cards. Agencies are throwing credit at them.
- » They should get a benefit for paying in cash...a discount or something. Response: yeah but then they’ll just get a cash advance on their credit cards!
- Emotionally ready
 - » Being connected to the military support and community support is a ready family. Knowing where to go for help
 - » Resilience. How to bounce back from unstable situations
- At the family level there is the issue of mental health and at the level above that there’s the military service member feeling supported and perceiving support from others, on another level there’s the satisfaction of giving back to those around him/her. The service aspect of contributing.
- Responsible family
 - » If they don’t have the resources they should know where to go. They don’t have to be connected if they are introverts or stay to themselves but they need to know where to go to get help when they need it and are ready.
 - » Years ago we used term “dependents” and since moved towards “family members.” But we use term “dependent” because there’s a dependency and there’s a frame of mind that expectations should be met.
 - We take young untrained teens and tell them we’re going to train them and shape them and show them how to do things. Its not just the service member the spouses take on that frame of mind. They expect the military to fulfill expectations. It’s a pro-socialization. It’s the first time in these kids’ lives that they have been challenged and told that they can do it. That’s why they have generations and generations joining we value something.
 - » We have a wounded warrior who’s been hurt and their family member becomes a caregiver. It’s a stepmother, grandmother, mother, etc. when we say responsible family there needs to be a component that addresses other family members. Example of serviceman not telling mom about the online relationship for a year and then he gets sent to WRAMC and the girlfriend and mom show up. That was a big problem and it happens all the time.
- b) Are there new and/or emerging issues that family support and readiness programs should consider in the future for families?

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- Problem in Marine Corps there was a lot of drunk driving. My commander wrote a letter to all of the families and we never had a problem again. He recruited the parents and acknowledged the need to bring the whole family in. Bring them into the preparation process.
 - » This may differ by branch because marine has a higher number of single and young service members. Reserve may be different. The point is who's in family so we think that family is a legal relationship by blood and benefits and we are thrown for a loop with internet girl/boy friends, etc. because they don't fit a mold.
 - There's a handbook that I give to all reserve soldiers. Parents are a lot more apt to get involved in family readiness than wives. So the handbook helps wives and I give them even to girlfriends that aren't wives.
 - » I have spouses that come to me at the doctor and tell me they don't have gas to get home.
 - Divorce is important to me because I see that they are not adopted because the parent is in the service member and when he doesn't adopt them the kids don't have the benefits and services. They can only be served if they are adopted. (dis-agreement occurred):
 - » Don't dependents whether adopted or not have to be served?
 - » No, they have to bring in adoption papers.
 - » Ultimate conclusion: don't have to be adopted but they just have to have custody of the kids.
- c) What should the scope of family support and readiness be? Are there any issues which family support and readiness programs should not address?
- There needs to be realistic expectations on both sides. Realistic and feasible expectations.
 - I would take out Ops Tempo. There's not much we can do about that
 - Military children are on our list. 15 mos deployments are too long. We can't do anything about deployments but we can fix the length.
 - We really build good people from an employment standpoint and now we realize that the personal aspect is suffering if we can incorporate that from the beginning it would be better. When we know the information about their standing in debt and finances and we know that's a problem and issue in military life and if we don't address these issues than we are a part of the problem. We have to start earlier to fix this.
 - » Look at it not as a deficit model. We need to give them the tools so that they can be their best advocates and know what to do. Don't cobble them. Hold them accountable. Don't lead them down the road of "when you're in trouble go here."

- » We need to think of a realistic way to do that. We can't take the person and throw them in combat and expect them to know what to do. They go through various trainings before being deployed and we need to take that route. The right amount of information at the right times. And we need to be more proactive with the families. I would have benefitted from premarital counseling. I needed to learn how to handle marital disagreements, parental issues, etc. We have to think about that strategically. We hear all the time that we are limited to this 8 week cycle but if we are paying costs to the department because we aren't addressing these problems than it would be much better to invest in the solutions and preventative measures earlier and those costs will be less.
- Give a plan to the family member so that if they have a specific problem there's a plan of steps to do.
 - » We do that on the wounded warrior end. In our program and others especially for people injured in earlier part of war when there wasn't support for them they had to go out and survive on their own and they became 'greedy' ("This is what I had to do and have been trained because I've been getting these things.") Other people see these people get the gift house, and gift cars, etc and they can't pay the taxes or they lose it because they don't know how to take care of the finances
- 2. Given these goals, which of them are not presently addressed by DoD and/or other Service programs and policies (identify gaps)?
- 3. How can partnerships and collaborations among the Military, other Federal agencies, and Non-Governmental Organizations (NGOs) contribute to attaining these goals of family support and readiness programs?
- 4. What are the most urgent and immediate critical goals that must be addressed (which are not currently being addressed) as soon as possible to support military families?
 - Consolidate and Communicate resources
 - Need intervention model. Military families marry younger and have first child younger than civilian. Young intervention program, is single port. Assessment of family based on characteristics and assesses what they need.
 - » That's a small portion reserve families don't have access. – yes they can as well they just need to call
 - » But reserve families aren't entitled to the same as active duty.
 - » Same book could apply to everyone but have "this applies if you are..."
 - If we start empowering and stop enabling it will be effective
 - » I'm thinking this is like enabling an alcoholic. We enable these people to not be responsible.

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- » How about if they gave a discount for paying cash for things instead of paying on their cards.
- ‘Resource the communicators’ for the communicators to go out and get money to communicate is like pulling teeth. Marketing and advertising has problems. Army will pay for a recruiter to print business cards but advocates don’t get business cards printed for working with wounded warriors. I know people think lanyards don’t matter but to have a pen or lanyard that has the info and contact really sends the message and makes it accessible.
- Relationship between point 1 and 2 (1.Consolidate and communicate the resources and Resource the Communicators & 2.Empower and establish a culture of responsibility early on [early intervention])
- Society there’s an expectation that some people are going to lay their lives on the line and their families support some of that cost. Financial or emotional there are other trade offs. We don’t have a marketing ethos. We lack that we don’t resource the communicators and don’t inform command that the true cost of having a force is more than just training. Our leadership and civilian leadership and Capitol Hill needs to understand that early up front when you’re planning interventions the tail will last decades and it’s much bigger than financial costs.
 - » How do we deal with senior parents taking care of wounded warriors? We have parents in the VA taking care of their kids who are now coming into the VA.
- The resources are there we don’t need to add just need to tone down.
- Heavy emphasis on EARLY ON. Preventative steps.
- Emerging trends are battle fatigue & mission fatigue. Being in war for 8 years and it affects the spouses and what affects the spouses affects the kids and I need the kids to be taken care of.

Breakout Session 2: Goals and Scope

Goals and Scope of Family Support and Readiness

Tuesday, November 10, 2009; 9:00 – 10:30 AM

Group number: 4

Recorder name: Patty Fanflik (wall pages included but not attached)

Reporting out: the three most critical goals:

1. Develop a comprehensive communication plan
 - a) multimedia approach, use the community
2. Relocation (Re-focus) To reduce negative impact
 - a) Geographic stability
 - b) Balance mission with needs of family
3. Self-care, advocacy/responsibility
 - a) Provide tools & resources: extension services
 - b) Finding networks & mentor, & friends
 - c) Childcare/caregiver support, vouchers
 - d) Programs need to take advantage of moments of opportunity
 - e) Customer service

Breakout Session 2 Questions to be addressed:

1. What are the ultimate goals for family support and readiness programs in terms of what families need to know or be able to do?
 - a) What does a family, which is well supported and “ready” look like?
 - *Facilitator Skipped Over Material*
 - b) Are there new and/or emerging issues that family support and readiness programs should consider in the future for families?
 - Divorces as a result of deployment, not a focus for military
 - No discussion about what we need for ourselves as wives and military personnel. Mentality is “suck it up.” Self care is never discussed. We have resilience as a helping professional but what about ourselves. Self care, “care for the caregivers.” We support our spouses and military in general so much but we forget who we are. We leave social net work every time we move. Trust or automatic trust is no longer there. Always trying to create a social network but it’s exhausting because we leave in 3 years.

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- Community partnerships are important
 - Communication is important, make sure families know as much as possible before they get hurt or wounded
 - Spouse employment, relocation assistance, we have wonderful resources, real challenge is connecting people, targeting people to leverage the power to network.
 - What can cooperative extension do to help more families
 - What are the avenues or dissemination for wounded warriors, traumatic brain injuries. Care giving to caregivers is important and needed. Caregiver curriculum has been developed but we need to work on dissemination. Make sure it's getting into the hands of those that need this information (traumatic brain injury). www.Traumaticbrainatoz.org
 - New wives need to be connected more effectively
 - Dissemination of work, research,
 - Schools are such a big part of community and we need to talk about this
 - Relocation also overlays all these issues. All programs really revolve around relocation. This needs to be re-energized. Relocation then deployment.
 - OPtempo and relocation biggest issues.
 - Self-responsibility, have to take responsibility, self-advocacy
 - Physical and mental health important, need families in good health, fitness, families as a whole, families need to be active and healthy.
- c) What should the scope of family support and readiness be? Are there any issues which family support and readiness programs should not address?
2. Given these goals, which of them are not presently addressed by DoD and/or other Service programs and policies (identify gaps)?

Introductions

(points from yesterday)

- 1) Access to Services
- 2) Consistency of Service
- 3) Communication:
 - » Outreach key
 - » Networking is the key

- » Realistic communications about the military, what are the expectations. The big “R” or relocation, here’s what’s to expect. Realistic expectation of the lifestyle. Relocation are the most stressful what do I need to do to better prepare my family, communication from family, what can you do to help me. “Service providers provisions must exceed service expectation....”
 - » Self-responsibility, advocating for self
 - » Both individuals may have their own career, we support each other, goes back to responsibility, nothing is guaranteed. Sustain two careers.
- 4) Healthcare
 - 5) Psychological Health
 - 6) Effects on Children
 - » Schools need to be included
 - » Parenting with one parent, parent feels responsible and also needs to work, hard to keep everything going (2 jobs really). Also learning a new job is difficult
 - 7) Operations Tempo (also perstempo)
 - 8) Relocation
 - » Assistance
 - » Spouse employment and career, needs to be a focus.
 - » Communication is first a foremost because all these issue won’t be addressed without communication. Also goes back to self-care. Must take care of self the importance of self-worth.
3. How can partnerships and collaborations among the Military, other Federal agencies, and Non-Governmental Organizations (NGOs) contribute to attaining these goals of family support and readiness programs?
 4. What are the most urgent and immediate critical goals that must be addressed (which are not currently being addressed) as soon as possible to support military families?
 - 1) Communication: We have a lot of ways of communicating, what we don’t have is a standardized communication system. What should we give recruits to give to family members. Once joined, a spouse should be given materials about expectation, and update periodically for spouses.
 - » Different stages of development, got to use multimedia methodologies, not just print media, where are they connecting, where are they connecting expand our communication. Hesitant to ask questions, families should be given materials that are concise and not intimidating the family members. (example: relocation, here’s where you need to go...,) spouses don’t need a list of websites.

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- » What's wrong with MOS, what do we need to build this cite up. Developing an overall communication plan, someone on the other side that care, more than just a website, so much knowledge, there is a disconnect there, not a telephone tree but a person.
 - » Call centers, finite numbers of staff, we need to better quicker services. We have the knowledge but can't afford what we want and need. Level of information we want, better information needed. Information site, housing office, more family days, a lot of information, how can we get this information out.
 - » Mall should be included.
 - » Getting people off installation is the key, interconnected with community, shouldn't be a one-stop shop of information, need to get them out.
 - » Two way communication, where do you go to get information (more like entertainment instead of information, life course approach)
 - » Life cycle approach (or generations)
 - » Adequate funding
 - » Community partnerships
- 2) Relocation:
- » Frequency, longer tours, families need stability
 - » "Homesteading" by region. Not so much a service wide but what the individual wants to do and where to relocate. I was able to request a location, individual basis, system will allow you to do that. May need to make this a service wide policy
 - » Balance mission with needs of family
 - » Personal Family Financial assistance
- 3) Self-care/Advocacy
- » Provide tools & resources: extension services
 - » Finding networks & mentor, & friends
 - » Childcare/caregiver support, vouchers
 - » Programs need to take advantage of moments of opportunity
 - » Customer service

Note: Brian handed me a note during session, Darlene needs to target conversation. Had three questions:

- 1) Issues that needs to be the priority (dot exercise) Reported in order of importance
- 2) Communication: Information about resources for everyone, target groups, life-course

- 3) Relocation
- 4) Self care
- 5) Access to services
- 6) Operations Tempo
- 7) Effects on children
- 8) Community partnership

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Breakout Session 2: Goals and Scope

Goals and Scope of Family Support and Readiness

Tuesday, November 10, 2009; 9:00 – 10:30 AM

Group number: 5

Recorder name: Karin De Angelis

frustration with lack of action after past conferences, seems to be continued discussion of issues with little follow-up/results

- Childcare – too dependent on overseas contingency fund (OCO funds – Overseas Contingency Operation funds)
 - » concerns about not seeing much information about youth needs
- Family support extends to parents and siblings who may not have experience with military
- Personal Financial readiness as cause of stress, divorce
 - » Personal responsibility, but need to provide skills for financial mgmt.
- Eldercare
- Keep eye on single members
- Have plethora of services, but service members still don't know about them
 - » Attempting to connect with same group of people, but with few results
 - » Communication is essential
- Consider joint-basing i.e., Fort Myer, Henderson Hall) – why are there different standards?
 - » Air Guard wants Army programs, but Air Guard must rely on AF which doesn't always give money
 - » Money often comes down late
 - » May be joint event/program, but funding still attached to different services
 - » There is no “purple” money
 - » Looking at cultural change
- Knowledge of assistance and money: tendency to think internally, but money is available through veterans service organizations (give groups such as American Legion access to family readiness groups) → don't address internally, move outside military for funding (but concerns that this is illegal)
- Question about needs to be communicated locally and what can be communicated through Military One Source

- Want to bring up funding again even though not listed as key theme from break-out session 1
 - » Everything will go away if funds go away...can't do anything
 - » But confusion as to what programs are connected to OCO funds that are going away (childcare? Yellow ribbon? Other family programs?)
 - » Maybe reconsider as funding consistency and sustainability
 - » Added funding and sustainability to consistency of services theme
 - » Also want consistency of services between assignments
- Want to focus on children and youth (too often overlook teenagers)
- Need good communication and reliable funding to meet other goals
- Tie between key areas: 1. Communication and funding/sustainability (tied) 2. Consistency of services and effects on children/youth (tied)

Break into groups for brainstorming to identify at least one goal for each thematic area

- Discuss goals of Army-Family covenant: place where they can thrive, building partnership that leads to resilience, build quality of life commiserate with service (more than civilian counterparts)
- Families like programs they have – They don't want new programs, they want funding and sustainability of current programs.
- Consistency of services:
 - » If standardized and funded, then leads to increased accessibility.
 - » GOAL: Standardize and sustain consistent family programs and services across all components
 - » GOAL: Key quality of life programs are identified and executed consistently across services
 - » GOAL: Communication between and within agency, provider-user, and military-civilian entities (accessible via multiple access points and makes use of cutting-edge technology)
 - » Too often have stovepipes of who can participate in programs due to funding distinctions
 - » Service member should have seamless use of programs
 - » But, full range of services not available everywhere, particularly overseas
 - » Needs to be standard operating procedure, not special due to contingency ops.
 - » Need to transition from GWOT to baseline funding
 - » Services and OSD (beyond just budget offices) need to find way to look creatively at funding

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- » Funding built on logistics, not on family needs
- » Have not revised funding process since 1960s
- » Family programs not able to compete for funds
- » Budget process forces family programs to rely on supplemental funding
- » GOAL: Align the POM (program-objective memorandum) process to ensure that the enduring and surge needs of families are met
- Communication
 - » GOAL: standardize message and leverage multiple delivery media across all services to allow for operational implementation with same goal
 - » GOAL:
- Effects on children and youth
 - » Need family system approach
 - » GOAL: To reduce stress on children
 - » Easier to handle childcare, but more complicated for youth
 - » Push programs out of stovepipe with unified strategy
 - » Consider life course of families from birth to adulthood (how much is the military responsible for?)
 - » How current are we with youth programs with today's youth?
 - » Youth program is hidden from higher decision makers.
 - » GOAL: Develop a comprehensive strategy for a multi-disciplinary approach to mitigate effects of military lifestyle on children and youth
 - » GOAL: Expand access of resources through partnership with civilian and youth program providers
 - » GOAL: Provide servicemembers and families a QOL commensurate with service and sacrifice
- Funding and sustainability:
 - » GOAL: Ensure baseline funding of QOL programs that address on-going needs of military families

Reporting out: the three most critical goals:

1. Align the POM process to ensure that the enduring and surge needs of families are met
2. Develop a comprehensive strategy for a multi-disciplinary approach to mitigate effects of military mission on children and youth
3. Ensure communication between and within agencies, between agencies and provider/users, and civilian and military entities, and is accessible via multiple access points and makes use of cutting edge technology

4. Craft a comprehensive strategic communication plan that is accessible and makes use of cutting edge technology

Breakout Session 2 Questions to be addressed:

1. What are the ultimate goals for family support and readiness programs in terms of what families need to know or be able to do?
 - a) What does a family, which is well supported and “ready” look like?
 - b) Are there new and/or emerging issues that family support and readiness programs should consider in the future for families?
 - c) What should the scope of family support and readiness be? Are there any issues which family support and readiness programs should not address?
2. Given these goals, which of them are not presently addressed by DoD and/or other Service programs and policies (identify gaps)?
3. How can partnerships and collaborations among the Military, other Federal agencies, and Non-Governmental Organizations (NGOs) contribute to attaining these goals of family support and readiness programs?
4. What are the most urgent and immediate critical goals that must be addressed (which are not currently being addressed) as soon as possible to support military families?

Breakout Session 2: Goals and Scope

Goals and Scope of Family Support and Readiness

Tuesday, November 10, 2009; 9:00 – 10:30 AM

Group number: 6

Recorder name: Michelle Sandhoff

Note, only 6 participants at start

Suggestion from group members: name cards for the table that they can take from session to session.

Reporting out: the three most critical goals:

1. Reduce redundancy in services and reallocate gained resources.
2. Foster flexible, agile delivery system (meeting people where they live, both formal and informal)
 - a) On slide: “Foster flexible, agile service delivery system (formal and informal)”
3. Reduce bureaucratic barriers to allow private organizations to support service members and families.
 - a) Alternative: create a system that supports this, that fosters collaborations
 - Helping professionals knowledgeable about resources.

Breakout Session 2 Questions to be addressed:

1. What are the ultimate goals for family support and readiness programs in terms of what families need to know or be able to do?
 - a) What does a family, which is well supported and “ready” look like?
 - Awareness of programs available, good overview of programs
 - Wherewithal that when crisis arises (or other significant event), know who to call or what website to visit, to get info need (don’t need answers, but know how to access the info, know where to find good, reliable info)
 - Difficulty answering this> can take manual to know how to care for vehicle (checklist), don’t have this for families. How do we do this for families?
 - What is a family? How do we define this (spouse vs parent of service member for example). What info does grandparent need versus spouse.

- » What resources does grandparent know to provide support for spouse while service member deployed.
- » “this many have families” but they all have families...what it is assumed to mean in this context. Parents, siblings.
- » Parenting, there are different types of parents/guardians. How can they be good parent and be supportive of service member.
- » Want to support all types of families
- » What areas do they need support in rather than types of family (e.g., parenting (tools for mom, dad, grandparents, etc).
 - We have the tools, how to get them to people
- Family must be involved (regardless of type of family)
- Everyone has the parent-service member pictures, they just don’t send them in. Focus on nuclear family.
- What is obligation of DoD? How to work with community to support non-ID-card-carrying family who feel they don’t have access to official support channels? Other organizations (non-DoD) are important.
 - » Red Cross?
 - » Programs developed in conjunction with DoD
 - » Marineparents (website)
 - » Community counseling for families.
 - » How do we get all of these service available to folks?
 - » How do we make it safe to seek services?
 - If you tailor it to them, they may not seek it because of fear they are identifiable
 - » Realistic to require deploying soldiers to meet with offices of support, morale, welfare with family members? When you come back?
 - Can’t require family to attend anything
 - Service member key to getting info/access to family (I don’t want my wife to know anything)
 - » Standard level
- Soldier readiness process [term coined in session not a real program] (service member and family members) go through pre-deployment process to know about services, use service while deployed, uses (or is willing to use) post-deployment resources.
 - » Not just from services, role of faith community, etc
 - » Measure that family is informed of resources...if you can’t measure this you must assume that family is not as ready

- b) Are there new and/or emerging issues that family support and readiness programs should consider in the future for families?
- One size does not fit all.
 - Stress and deployment
 - » Make more attractive to be in military (provide services, make easier to get what they need, offer more gold standard) Step above what civilians have access to.
 - » Importance of frame of reference (e.g., similar healthcare issues in civilian community)
 - » Need for respite care for spouses while service member deployed. You told me you'd take care of me while husband deployed, but now it's not that easy. Need for drop-in care. Child care used to catering to work schedule, the war has changed the needs. Need to get supply and demand matched (having this available in areas where not needed is a waste)
 - » Easter Seals investigating respite care for other family members
 - Some community volunteerism on this issue early on, hard to sustain long term
 - How much is too much? Entitlement vs. what's due.
 - » Civilian wives don't get respite. It is different because husbands not fighting war.
 - Human nature > we can't change this.
 - » If all money and personnel available, we still need delivery system to reach client
 - » Mother/wife/etc while service member deployed not going to spend energy to find info
 - » Need to go to them (compare to truancy in schools...sending someone out to make sure kids go to school)
 - » Living off base, highly dispersed around base...so how do you do this? What is delivery system. Services are here...delivery is the breakdown.
 - Individual augmentees
 - » Families are falling through the cracks
 - » Identity (is he with the army or the air force)
 - » Socialized not to interact with other services
 - » Incentives for programs to be service specific
 - » Balkanization?
 - Infrastructure. MOS: there is so much there that it's impossible to pinpoint what you need. Every case is different (by service)

- Example Comcast: When can't get through by phone, goes online to live chat. Is it possible to have live chat
 - » Capability offered, but people aren't using it
 - Multi-prong approach.
 - » Communication, communication, communication
 - » Could do away with a lot of programs (duplication) if could just get word out
 - But some redundancy is necessary
 - We've overdone it
 - » How to reach out in general way?
 - » Some services (reserves) do outreach by phone. Calling at intervals after return from deployment. Sometimes talk to spouse/family instead of service member. Different perspective on success of reintegration of service member.
 - What question is asked? Can't just be "How are you doing?" Maybe "Have you used any of the programs we offer? If not why not?"
 - Hone in, let service member know that person is there.
 - Connect with volunteers...Mrs. So-and-so lives nearby, maybe you can meet up for coffee
 - Outreach should be set up like research. Be code-able, measurable.
[quantitative implied]
- c) What should the scope of family support and readiness be? Are there any issues which family support and readiness programs should not address?
- How to incorporate community with DoD resources
 - Differences between issues of active duty (AD) and reserve/Natl Guard (NG).
 - » What told available vs. what is actually available for NG.
 - » NG needs more access to purple programs(?), need to be aware of programs for their service (remote access – online, etc). i.e. Marine reserve family living near Army reserve post > yellow ribbon program (reintegration programs that are cross service...basic skills).
 - » Communicating that programs are there
 - Information alone does not lead to behavior
 - » Proactive technical assistance
 - » Information, but also follow up phone call
 - Need to establish what the outcome is, measure if you got outcome you wanted
 - » You'll never get everyone
 - » Pre-intervention and post-intervention surveys
 - » Have to start somewhere to know what problems are

- » Need for good measurements
- School Piece
 - » Disseminate info to folks that families are already looking to for support
 - » Military Child Education Coalition, MISA (??), Interstate Compact on Educational Opportunities for Military Children.
 - » Teachers and Counselors who know about deployment status can be better resources if they also know about the programs available to family. Can recommend. Validation from another source that this resource is good/valuable.

Are there any issues which family support and readiness programs should not address?

- Time lines...some things shouldn't be permanent, should be short-term. Everything that's begun has continued and grown.
 - » As we learn more about needs we should hone and streamline to use the best approaches, not just continue everything.
 - » Decommissioning process for programs
 - » But no one measures this. Accountability.
 - » Evaluation process. Someone needs to identify what can be combined, what programs are needed for specific needs (why does Air Force program need to be different from Army based on deployment lengths)
- Certain things all families need...don't care which service it's coming from > centralize, coordinate. Create efficiency.
- Is it best use of dollars to do workshops that no one attends, but it's tradition to have this workshop. Using resources right way. Hard choices that need to be looked at. Systemic shift, provide authority to stop doing some things.
- Data and Results from MOS. Tracking where hits are, etc. Tracks hits but not effects. Measuring hits vs time spent. Times returned.
 - » Being done already [group agitated over this issue...unclear if claims being made about what is tracked are coming from people who actually know]
 - » But don't want to waste resources dealing into this when they could be helping clients
 - » Issue reports to each service about hits every month?
 - But this it output not outcome.
 - » Provide info, follow up with phone call, follow up with web-based (using incentive). Measure if the information is being used meaningfully.
 - » Did visit to website help resolve issue? If so high value.
 - » Bureaucracy..."I'm government relations not communications" so I don't make use of information.

2. Given these goals, which of them are not presently addressed by DoD and/or other Service programs and policies (identify gaps)?
3. How can partnerships and collaborations among the Military, other Federal agencies, and Non-Governmental Organizations (NGOs) contribute to attaining these goals of family support and readiness programs?
 - Need for more “Purple” programming (cross-service). One of participants represents a purple program...acknowledges that they are big advocate for this type of program
 - Joint-basing an opportunity to revisit this issue
 - » Realistically not going to realign all of the service to come together
4. What are the most urgent and immediate critical goals that must be addressed (which are not currently being addressed) as soon as possible to support military families?
 - Reduce redundancy in system. Eliminate so you keep the most bang for the buck
 - 10-20 manual concept (checklist for mission ready family)
 - Difficulty applying for services. Those who most need help may be least able to complete application, etc. Frustration, fear that there is something out there that you are missing
 - Reducing bureaucracy.
 - Community support (we [DoD] make it difficult for private organization to help), big brother mentality, must protect service member (fear of ulterior motive of outside organizations).
 - » We are living in different times than when these rules were made.
 - Tendency to formulize program delivery when informal may be more welcomed.
 - » How to help people build own informal support network
 - » Navigational skills, knowing what questions to ask
 - » Less of the patriarchal “father knows best” approach
 - » Increase individual capacity,
 - » Empower people where they are. Responsibility (when they have ownership of programs more likely to promote)

Breakout Session 2: Goals and Scope

Goals and Scope of Family Support and Readiness

Tuesday, November 10, 2009; 9:00 – 10:30 AM

Group number: 7

Recorder name: Steve Sobotta

Reporter name: Kelly Hruska

Reporting out: the three most critical goals:

1. Focused communication strategy
2. Stigma – standardized and supportive
3. Effects on children

Breakout Session 2 Questions to be addressed:

1. What are the ultimate goals for family support and readiness programs in terms of what families need to know or be able to do?
 - a) What does a family, which is well supported and “ready” look like?
 - They have a realistic expectation about impending separations and challenges
 - They understand that not all communication is accurate
 - Knows what the resources are and how to access them when needed or know where to go to ask questions about how to find information
 - Have a “family plan” in place to cover a number of contingencies during deployment
 - Has multiple “informal” networks to supplement formal networks (church, family, friends, support groups, etc)
 - They are able to communicate (internally and externally) about issues that may affect the family and how to find the services that can provide them support
 - Detailed family care plan that begins at the beginning of service and is constantly upgraded and updated to reflect changes
 - Resilient
 - Has the responsibility and takes the initiative to be ready...all the time
 - Empowered to handle their own family situations with necessary support programs in place to assist as necessary
 - b) Are there new and/or emerging issues that family support and readiness programs should consider in the future for families?

- The diversity of families and the different needs of the family based on their diversity. Some families like to use online resources, some use paper based, some used word of mouth, but use as many avenues as possible to get the information the service member and allow them to decide how to provide it to their family. Respect the family dynamics and diversity but provide as many avenues of communication as possible. Provide a “buffet” of choices to find and use information but allow the family to choose their “menu options”
- c) What should the scope of family support and readiness be? Are there any issues which family support and readiness programs should not address?
- Services should not be dictated to families as not all families are the same but provide services robust enough to assist the largest number of families and be prepared to assist those anomalies
2. Given these goals, which of them are not presently addressed by DoD and/or other Service programs and policies (identify gaps)?
- Relocation that overlaps with dwell time
 - Relocation that supports those families that need special services not above the needs of the service
 - Not actively addressing stigma of seeking mental health services
 - Real and perceived barriers to care/services are not being addressed actively
 - Instill these programs in early military education training....teach the culture as early as possible along with basic military skills and then continue to reinforce
 - Not addressing “non-participation” in the reserve component as a possible first warning sign of mental health issue
 - Gap between policy and implementation
 - Lack of information on non-school age children and programs to support them
 - Use something like Stigma as a theme for the services....something like “Year of Reducing Stigma” in order to ensure that service members are aware that it is alright to get help to support themselves and their families
3. How can partnerships and collaborations among the Military, other Federal agencies, and Non-Governmental Organizations (NGOs) contribute to attaining these goals of family support and readiness programs?
- Focus strategy on known issues to provide support before jumping into new issues unless they are mission critical
4. What are the most urgent and immediate critical goals that must be addressed (which are not currently being addressed) as soon as possible to support military families?

- Focused communication strategy
- Stigma – the reality that stigma can affect a career and find a way to alleviate and remove the stigma of seeking mental health. Provide help and support that ensures a service member is supported and not afraid to seek help.
- Effects on children – synthesize the research and develop programs to assist children with deployments and separations (to include loss of parent to combat or traumatic or mental health injury) and ensure inclusion of all children in all age ranges (0-5 included)

Issues reported by group prior to session beginning based on themes list from session one:

- a) Family Policy issues
- b) Psychological health and operational tempo
- c) Communication and duplication of effort
- d) Psychological health and communication (especially with reserve components)
- e) Effects on children
- f) Communications and effects on children of deployments
- g) Consistency of services
- h) Consistency of services and post deployment screening and continued monitoring
- i) Operational tempo and relocation
- j) Effects on children and relocation (especially relocation of children)

Breakout Session 2: Goals and Scope

Goals and Scope of Family Support and Readiness

Tuesday, November 10, 2009; 9:00 – 10:30 AM

Group number: 8
Recorder name: Wes Huey

Reporting out: the three most critical goals:

1. Ensure that families understand both their rights and responsibilities.
2. Develop quality programs and policies that are sustainable and responsive to changing need.
3. Systematic and ongoing evaluation of need and program effectiveness.

Breakout Session 2 Questions to be addressed:

1. What are the ultimate goals for family support and readiness programs in terms of what families need to know or be able to do?
 - a) What does a family, which is well supported and “ready” look like?
 - Know where to go for help
 - Empowered with confidence and trust level in command, coworkers, community, and services
 - Need to access the resource
 - Realistic expectation of what should be provided
 - Aware of the challenges they face, but also confident they can meet those challenges
 - Proud of their service despite the challenges
 - Highly motivated about their service
 - Resiliency yes, but more important is that their initial mindset isn’t resiliency, but rather application of skills to meet challenges
 - Trained in the skills required to deal with challenges
 - Confident they won’t be abandoned by their service
 - b) Are there new and/or emerging issues that family support and readiness programs should consider in the future for families?
 - What we build we build for the long term – sustainment important
 - Been playing catch-up, need to be thinking with future in context

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- How do you sustain and reenergize programs at the local level
- We have an opportunity now to build the structure that will sustain us later
- Our focus is perhaps too narrow at the strategic level – need to evaluate what’s working at the local level – need a systemic evaluation
- Need strategic planning on where we can have an impact
- Avoid unrealistic expectations
- We need to apply findings about children emerging from the literature to programs
- Need to think more broadly about how we define families beyond the traditional definition
- Leveraging resources for injured servicemembers like Safe Harbor – need to be sure entitlements are extended to extended family responsible for children of deceased members
- Voice of single servicemembers and their families should be included
- Need to apply emerging technologies to solutions
- Can we (do we) push information to people when they need it? Including life events (like marriage), deployments. How do we gain access to the family member to push information to them?
- Not enough to say “communication is not working” – need to act, perhaps thru Military OneSource we can elicit email addresses from family members.
- Tricare Newsletter – weekly for service families who have babies – one way we can get access to family members
- If you go back historically, the preponderance of family members never get access to the information. Must take step back and figure out the best vehicle to get family members information – is it the FRG, is it through the school – and what are the critical bits of information. Youngest spouses are most vulnerable.
- New parent support is working – key is the personal relationship. Need to find balance behind electronic media and personal relationships. Girlfriends are critical.
- Need to consider extended family and remote areas – how do we reach them – all-in-one CD for extended family members
- Family Assistance Centers – conclusion is that these are effective because they are regional, easy to advertise. Model may be different for each state
- Key question is how do we make new families “ready families” – at what point is intervention required? Family needs differ – need to tailor intervention to need.

- c) What should the scope of family support and readiness be? Are there any issues which family support and readiness programs should not address?
- Need to be careful not to confuse medical policy issues with family policy issues, let's be careful not to duplicate effort
 - At same time, need to have integrated approach, integration needs to happen in policy realm – education, health care, State and Community programs – is there a “concierge” to serve as the customer interface with servicemember to connect you with the right resource.
 - Should not build a program that we can't resource. Instead, leverage success and stand down those that don't work
 - Need a gap analysis to decide whether it's smarter to build a new military school, or apply resources to existing civilian schools.
 - May make more sense to enhance the extension program to build existing community support, rather than construct a military community. Should not build what others already do.
2. Given these goals, which of them are not presently addressed by DoD and/or other Service programs and policies (identify gaps)?
- People get more credit for building a new program than for making sure an existing one is working.
 - Very little coordination between components and nothing that prevents duplication of effort – one of the problems is different labels for the same services.
 - Is “consistency of service” realistic or plausible – shouldn't we better manage expectations of geographically dispersed personnel that they should not expect same level of service than active component – need to come in with clear understanding
 - We don't know what we don't know from a needs standpoint – we rely too much on the “town hall” anecdotal evidence from family members who meet informally with CJCS during visits to bases.
 - Need to identify what the *family's* responsibility to be ready – part of managing expectations – Bill of Rights and Responsibilities?
 - What is the command's role in getting families ready?
 - New culture of leaders in the Army who have never lived a “garrison life”
 - Interesting conflict emerges when we ask families to take responsibility for their own readiness – military contact implies we will provide what you need to be ready

Appendix H

- No clear view of the UNMET needs, “social compact” language is a step in defining rights and responsibilities – Army’s “family covenant” another example, but perhaps a step backward because there was no piece addressing the family’s responsibility in being ready
 - Program evaluations are happening, but not strategic in scope and approach – program evaluations should be built in to program funding
 - Medical needs assessments are good tool to build capacity but need to involve other policy realms
 - What does the Army need to keep from the “covenant” and what needs to change – if Army is really committed to families, what is the Army willing to commit to for long-term program sustainment.
 - We need to consider the difference in service cultures in policy implementation. A solid evaluation needs to focus on cross-service duplication
 - Need to retain the commander’s discretion in program implementation
 - Services ties to degree of existing community services – DC gets less services provided than Yuma, for example
 - Why are we so “capitalist” in retail sector and so communist in “non-profit” sector – what’s so wrong with duplication of service, we should not seek as our goal to identify the single best solution and impose it on everyone.
 - DoD’s responsibility is to id programs that are required, but expectation cannot be that DoD provides everything
 - Need to be more careful about who we let in to the service to begin with – part of the problem is recruiting people who are inclined to expect too much.
3. How can partnerships and collaborations among the Military, other Federal agencies, and Non-Governmental Organizations (NGOs) contribute to attaining these goals of family support and readiness programs?
- Add states to this partnership mix! Family law, education, Medicaid waivers, guardianship law, are all state policy issues.
 - Federal government is not the only policy arm involved in military family policy.
 - IFAC – interservice family assistance committee, both inside and outside the gate support – developing a model to figure out how to incentivize state governments to enhance community support
 - Need to help Americans understand why supporting US military is advantageous/beneficial/proper – how do we make the link to the broader American society – need Federal government and “bully pulpit”

- Health care is a good collaborative mechanism to get different stakeholders together and build partnership on an important family issue
 - 36 organizations to advocate for servicemembers on the Hill – need to bring these organizations into the partnership.
 - Lot of creativity at local level, but need a mechanism to harness local innovations into policy.
 - Programs never die in the military – hard to kill old programs due to vested interest
4. What are the most urgent and immediate critical goals that must be addressed (which are not currently being addressed) as soon as possible to support military families?
- Ensure that families understand both their rights and responsibilities.
 - Develop quality programs and policies that are sustainable and responsive to changing need.
 - Systematic and ongoing evaluation of need and program effectiveness.

Breakout Session 2: Goals and Scope

Goals and Scope of Family Support and Readiness

Tuesday, November 10, 2009; 9:00 – 10:30 AM

Group number: 9
Recorder name: Emily Cook

Reporting out: the three most critical goals:

1. Address broad based child care needs of the geographically dispersed
2. Provide comprehensive programs for youth development and well-being
3. Behavioral/Psychological healthcare education: reduce stigma & promote help-seeking

Expectations of Group:

- We need ACTION, not just goals
- Let's fix the small things (child care) so that families can tackle the big things (short dwell time)
- We have all these action plans, but nothing gets enacted; we need real changes
- How to communicate properly with the civilian side, alerting them of our needs and helping them become effective at meeting them
 - » Thrown out there so much, but what does that mean? Policy. These are frustrations that have been there for generations, reaching the hard-to-reach populations. Come back to reality, it's only the service member that we can control the information that they get- this is our entry point. But it always comes back around to a policy problem, "we're not communicating". The information has to get out from the service member to the spouse. Like the policy to require the spouse to sign off on the pre-deployment or in-processing paperwork. How do we get to the spouse/kids? Make it mandatory. Make it a duty for the family.
 - » Needs to be a push-pull. Push the info out on them, also make it available for them to pull it out.

Breakout Session 2 Questions to be addressed:

1. What are the ultimate goals for family support and readiness programs in terms of what families need to know or be able to do?
 - a) What does a family, which is well supported and "ready" look like?
 - Resourceful
 - Capable and competent to manage crises, proactive in making decisions, active in seeking out resources

- Knows if they have a question they know where to ask it, which resource to use
 - (Any family)- communication with my spouse and my children as best as possible, open
 - Feels a part of the team, like “total force” which is inclusive of service members and their families, how a family supports the mission
 - That doesn’t suffer because they have a [marine], but who thrives and succeeds because they have a [marine]
 - Has the skills to connect to each other, their community, their military community
 - That doesn’t NEED us, but that knows how to use available services IF they need them
 - We MUST keep in mind DoD contractors too when talking about families
 - “Unconsciously consciously competent”
 - We must reach the point where families rely on each other, access the service then go back out to the “family”, in the system easily and out of it successfully
- b) Are there new and/or emerging issues that family support and readiness programs should consider in the future for families?
- All the family programs need to have a sense of urgency about the fiscal outlook of our programs
 - » We were the last in the pot, we’re going to be the first out
 - » The gravy train is going to stop SOON
 - » Need a good business plan, this is a viscous cycle to take care of people
 - » How do we make sure resources are there during stressed economic times (family and provider) and when the problems will not go away after war is over, after family goes VA, etc.
 - » Let’s blame congress- you need to do this program, but we’re not funding it and you don’t get overtime to implement it
 - “no end in sight” to current strain of deployments, we’re going to fatigue our services but especially the families
 - » Marriages, kids are going to burn out and that impacts the mission
 - » We can work to keep our soldiers healthy, but if home life is a mess, they won’t be focused on their mission
 - We MUST take care of the deployed civilians, need to pay more attention to this population
 - » Primary providers of the programs too, the ones doing the child care
 - » Compassion fatigue, exhaustion of those providing the resources

- » Also those deployed, when they are injured do they get benefits? If there is a death, does the family get benefits?
- » This is too often a “blank”
- If the war ended today, none of these problems are going away. We are going to have LONG term effects, we must prepare for this.
- We need to acknowledge that the family structure is changing
 - » Elderly parents
 - » Step-children
 - » So they don't fit the “standard” family; they don't have an ID card but they are causing stress- taking care of sister's kids, sick parents, strain of resources
- “you will spend 75% of your time dealing with family issues” in addition to training troops, getting equipment (told to husband, taking command class)- this is a strain on our leadership too- how can we get these issues back out
- c) What should the scope of family support and readiness be? Are there any issues which family support and readiness programs should not address?
 - Not all families are in the same place at the same time
 - » New military family, new baby, first deployment is different than older children, fourth deployment, prolonged strain
 - » Elder care is huge, this is a broadening of scope
 - » Increased care for special needs children
 - » Never going to be all things to all families, always going to be families that fail no matter what programs we have
 - There needs to be individual accountability on the family to seek out these services, we can't make these people successful if they don't want to be
 - » This is linked to resiliency- being able to seek it out
 - » Sometimes a family needs the service (like child care) but should they pay for it like civilian families?
 - » Let's take on the village concept, how we help the people grow who come in with baggage
 - Build EMPOWERMENT not ENABLING THEM
 - » Allows them to pay it forward
 - » Allows them to pass it on to others
 - » Not cripple them, make them reliant on them
 - » Need to be careful how we word it
 - We want you to be the best you can be, but we will support you if you need it

- Let's break it up by population getting services, who are the beneficiaries?
 - » Especially remembering to include contractors with DoD employers but who are not military
 - » Who is responsible for this population? We care about them, but are they our problem? Let's figure out who's problem they are so that we can turn them to those services
 - » Survivors are another population. When does the child leave DoD schools? They are family members but then entitlements end and they get sent back to community- need to hook them up to services
 - » Same as wounded, your status changes your eligibility for services
 - » Need to make these changes known to people
 - Maybe a greater focus on what keeps families healthy, keeps them strong
 - » Youth sports, community activism
 - Mode of communication, technology
 - » Changing how we communicate with these families
 - » Email and internet and twitter to get the word out
 - Things that should not be there??? Let's come back to this one.
2. Given these goals, which of them are not presently addressed by DoD and/or other Service programs and policies (identify gaps)?
- (skipped this one, formally)*
3. How can partnerships and collaborations among the Military, other Federal agencies, and Non-Governmental Organizations (NGOs) contribute to attaining these goals of family support and readiness programs?
- Legislation or policy
 - Non-profits
 - Community providers of services, how can we highlight their programs like respite care, programs for children with special needs, enable service members to find and use these supports
 - Start at the assessment stage, what are the categories of the people we are recruiting and can we box them and mark them for special needs? Making people during the accession phase aware of what they are getting themselves in to, bringing them in informed from the beginning
 - » Providing info on VA from the very beginning, encouraging questions from early on so things are set up by the time they get out
 - Historically, family programs office does this- let's keep doing it

Appendix H

- » Partnerships happen all the time for support groups, program metrics and needs assessment, programs for special needs
- » USDA, land-grant universities, NGOs, other federal agencies, civilian community
- » Concern: all these people who are helping, helping everywhere, but where is the track of all this work? If this is a future of providing service it needs to be managed and we need oversight
- Continue this work in years to come, call us back as collaborators to assess our good ideas
- Student hire programs can be good, but they are contractors. How can we get these people GS positions/federal employees so that they are really infused?
- 4. What are the most urgent and immediate critical goals that must be addressed (which are not currently being addressed) as soon as possible to support military families?
 - Using the SMART acronym (specific, method/mode of info transfer, attainable, relevant to mission, timeframe)
 - Addressing the broad based child care needs of the geographically dispersed
 - » Availability and accessibility
 - » MORE PROVIDERS
 - » (I've seen so many changes though, hours increasing like opening at 5, expanding facilities and renovations- CDC are the best ones! But they've all lost money. When do we say we're doing enough?? Don't have 5 kids- you know you'll need childcare and you know it's limited.)
 - » This is tied to partnerships- ex. NG and Reserve families, don't live near a CDC- need this accessibility and access to child care that is not a center based system
 - » Manage the expectations of the member families, regardless of where they reside- balancing the desire to be on base but all these available services off base they turn down (what do you mean 200 person waiting list? You could go to this place off base? No.)
 - » 2-3 years timeframe
 - » Generally, active component is well supported. Nothing for Reserve component and NG
 - Comprehensive programs and services for youth development and well-being
 - » Youth programs, school based
 - » Immediate need
 - » Psychological well being of our kids, behavioral health issues, academic distress
 - » Too many band-aids, not enough formal structure, not a comprehensive plan

- » Let's look at what each of the services are doing for youth and evaluate them then go from there
- Behavioral/Psychological health care education would reduce the stigma and promote help seeking
 - » Mental/ Behavioral health
 - » This affects everybody, service members, spouses, children
 - » Fatigue
 - » Stigma
 - » Education piece- educating the population (everybody!!) on the differences, what is combat stress, what is PTSD, comfort with terms, when do you need to seek help, graphic terms, introduce it along continuum of training
 - » Part of stigma is the repercussions of seeking help, losing guns or losing pilots license, those consequences
 - Can we challenge these rules? In many cases, we're operating on Cold War Doctrine
 - Some of them are. Pilot programs of self-referring as amnesty, if you come anonymously then you get the help without the notification of the commander
 - » Let's look at that deployment cycle so we can make sure we're doing the right things, use the checklist- these are the things you're doing/thinking about/ experiencing
 - » Who gets this information??
 - Get information out there, normalize it, put it in lay terms,
 - Get this information out to the families, to the leaders
- Educate the population on the administrative processes of the TriCare health care system
- Review existing policies to ensure they meet the needs of our force and family readiness
 - » Performance measurements
 - » Financial records
 - » THIS IS AN ACTION STEP!!!

Breakout Session 2: Goals and Scope

Goals and Scope of Family Support and Readiness

Tuesday, November 10, 2009; 9:00 – 10:30 AM

Group number: 10

Recorder name: April McDowell

Reporting out: the three most critical goals:

1. Strengthen relationships between the military and communities through awareness and communication
2. Organize and execute purposeful horizontal collaboration between agencies
3. Organizational agility for managing expectations, risks for the total force (AC/RC) within fiscal constraints

Breakout Session 2 Questions to be addressed:

1. What are the ultimate goals for family support and readiness programs in terms of what families need to know or be able to do?
 - a) What does a family, which is well supported and “ready” look like?
 - They’re in control of their finances
 - Understand the vocab of their particular service
 - They know where to find help for services when needed, and who to talk to
 - They know what to expect
 - Legal affairs are in tact (e.g.powers of attorneys)
 - They know their own family’s strengths and weaknesses
 - They have community and family support in place, and can find this in a new community as they need to, are able to reengage in new communities
 - They know their formal and informal supports
 - They are physically and mentally fit; goes along with resilience
 - An understanding of the chain of command and what different roles are in different military branches and units
 - Confidence that they’ll get the support they need when they need it

- b) Are there new and/or emerging issues that family support and readiness programs should consider in the future for families?
- Extended families; non-traditional families
 - Psychological issues inherited by children because their parents are at war; often go untreated until it is too late
 - » Differentiation between basic childcare and mental health tx of children)
 - » Unknown emerging issues
 - Number of children of military serving
 - Two income families is nearly a requirement to make it in today's world, thus making the need for childcare in military families even greater
 - The umbrella and array of needs for military children: availability of childcare, quality of childcare, mental health tx, etc.
 - The need for parent training, psychoeducation
 - Geographically dispersed families
 - Sustained TBI – the aging of TBI patients and support for the families and children for dealing with the neurological issues that occur for aging TBI patients
 - Aging in general of the military force
 - Demands on the families, particularly the sandwich generation, limited time for relationship building
 - General compassion fatigue that occurs when families become worn out from providing care
- c) What should the scope of family support and readiness be? Are there any issues which family support and readiness programs should not address?
- A mechanism for managing expectations for family programming and resources; managing risks; a way to evaluate our resource effectiveness
 - Flexibility to be able to surge support; institutional agility (can the institution change as fast as it should be able to?)
 - A better way to package existing programs so they are not overwhelming and are manageable for families to use; An overarching strategy to organize community support/capacity
 - Equity between AC and RC (active & reserve components) – the mindset that they are all military families
 - Build community capacity to help multiply our assets for military families – “we can't be all things for all people”

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2. Given these goals, which of them are not presently addressed by DoD and/or other Service programs and policies (identify gaps)?
 - National awareness of the military family (not just service members)
 - Highlighting how much military families give back to communities
 - Going beyond national awareness to the county level of awareness
 - » The visibility of military families in local communities (e.g. military members being able to wear their uniforms in public)
3. How can partnerships and collaborations among the Military, other Federal agencies, and Non-Governmental Organizations (NGOs) contribute to attaining these goals of family support and readiness programs?
 - Optimizing communication networks for increasing awareness (e.g. via the Internet) – this has to be done carefully in order to control the messages that are communicated (there seems to be less control with use of the Internet)
 - » Electronic access with different media than just computers (video game systems)
 - Public service announcements through different forms of media
 - More horizontal communication b/n the VA and DoD agencies
 - Individual agency responsibility
4. What are the most urgent and immediate critical goals that must be addressed (which are not currently being addressed) as soon as possible to support military families?
 - Strengthen relationships between the military and communities through awareness and communication (e.g. Building Bridges)
 - Organize and execute purposeful horizontal collaboration between agencies (both state and local)
 - » Deliberate and specific in nature
 - Creating institutional/organizational agility by implementing mechanisms for managing expectations, risks to sustain military performance and volunteer efforts for the total force (AC and RC) within fiscal constraints (can the institution change as fast as it should be able to?)

Appendix I

Detailed Minutes of Breakout Session Three

Breakout Session 3: Action Items & Next Steps

Identifying Action Items and Next Steps

Tuesday, November 10, 2009; 1:30 - 3:30 PM

Group number: 1
Recorder name: David Smith

Reporting out: the three most critical action steps:

1. Data call on existing programs and providers
2. Identify best practices and available resources
3. Determine needed programs and institutionalize sustainment funding

Determine need

Breakout Session 3 Questions to be addressed:

1. Among the ideas that have been shared over the course of this Summit, which do you view as having the greatest promise as strategies for significantly improving the quality of life for Military families?
 - We need performance metrics to measure all programs. We need to understand the charter/mission of each program so that we understand what the purpose of the program is and redundancies or deficiencies can be identified. We need to standardize support programs across services and components. Appropriate stakeholders need to speak and make decisions for the appropriate programs. DOD should speak for all support programs. Policymakers need to know what the families need by getting feedback from the customers. Good representation helps validate decision-making process. Identify available resources and create a communication plan for everyone. Educate the entire force (need to clarify who this includes). Need a continuum of communication for support systems. Identify community partnerships are available and in reference to RC/Guard.
 - Identify all family programs, who the customer is, what service is provided.
 - Identify gaps and redundancies.
 - Use evidence-based analysis.

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- ODS-directed, Congressionally-directed, Executive Order, data call to service components/NGOs to identify programs.
 - Need to identify program purpose/mission and applicable audience/customers.
 - Identify performance metrics to ensure standardization across service components/organizations.
 - Identify best practices and evidence-based programs to serve as models.
 - Convened group reports out with recommendations to decision-makers on program changes to establish system-wide, standardized model support programs across the services/components with built in performance metrics to ensure current and future needs are met. Gaps are identified with potential new partners
 - Psychological/Behavioral Health – Need mandated evaluations for all personnel to help reduce stigma. Limited manpower to do these.
2. Among these ideas for bringing about change, what are the greatest barriers and challenges that must be overcome for successfully implementing both the short and long-term strategies?
 - Length of time to implement programs.
 - Financial limitations. Contingency funding vs. baseline funding. Need to inform the POM Process.
 - Limited Manpower
 3. From your perspective, what recommendations would you make for:
 - a) Policy?
 - b) Program Development?
 - c) Funding or resource allocation priorities, given a constrained budget?
 4. What issues/areas should be considered jointly across the Services, with encouraged collaboration?
 5. What skills and/or areas of expertise will be needed to implement our group strategies?
 - a) Can this best be provided by the Military or through program collaborations and partnerships with other agencies or NGO's?
 6. What are the top three critical action steps that will move us toward addressing the top needs of military families?

Breakout Session 3: Action Items & Next Steps

Identifying Action Items and Next Steps

Tuesday, November 10, 2009; 1:30 - 3:30 PM

Group number: 2

Recorder name: Kahleelah Hardie

Purpose for being here? (Responses)

- Figuring out how to turn concepts into action plans (implementation)
- How we can successfully research and understand how to help children. What has worked and what does not.
- Co-op extension – how we can work together for effective programming (collaborative efforts)
- Quality of life for children (schooling, well-being, etc)
- How we can fill gaps or strengthen the programs that exist. What DOD priorities are and where do you see organizations going to help effectiveness
- Make sure that how you communicate gets communicated in meetings. Sometimes on top levels, plans are great but on the ground level they don't get communicated as well so the logistics of how to carry out are not delivered.
- Expectation is to be able to look at some of the main topics and let the folks at all headquarters to let them know what we're trying to accomplish at the national level. Implement national programs on lower (state) level. (link national and local levels)
- Work to make military families better (quality of life). Feels it's his/her responsibility to go back to informal network and let them know what occurs here and help them. Also to deliver their concerns and address their issues
- Help make [Indiana] a better place for militaries.
- Families with special needs and necessary changes to policies concerning them
- Interested in communication effort with appropriate delivery mode. Getting message out there appropriately and effectively.

Reporting out: the three most critical action steps:

1. Look at all programs and evaluate them. Clarify roles of each program (purpose, intent, how they operate)
2. Strategize for future needs and resources. Assess needs and secure the resources.
3. Communicate, collaborate, and educate (all stakeholders including the families)

Breakout Session 3 Questions to be addressed:

1. Among the ideas that have been shared over the course of this Summit, which do you view as having the greatest promise as strategies for significantly improving the quality of life for Military families?

Program System Evaluation

- Need a mechanism to determine what programs are helpful.
 - » How do all of the programs relate. Which are overlapping? I don't think people understand how we all touch each other. Who was in 8 lines of action? It was hard to understand all of the relationships. A lot of people don't understand that AW2 gives benefits and which ones they give. We associate people. How we leverage these relationships more. These diagrams could display how they overlap which will help with functioning.
 - » Services do programs. We need to look at levels. Stratify the program and take these roles and say ok Air Force this is the piece you'll do. OSD you do this so we can know there's no overlap
 - » Also talking about money and resources you'll have to explain to congress and they don't understand. How do we incorporate that?
 - » If we have that clarity we won't have an issue of funding from department and services. Service's funding is dispersed/evaluated every three years so if there's no funding it is shifted to services and then they have to wait.
 - » We work independently now. Everyone sticks to their own and it should be more open so efforts aren't duplicated.
- The funding is going to be reduced. We had a pot of money and we've been told we can't ask for that money so we have to quantify what we're doing and justify why it deserves the money for our services or we have to cut back on services.
- Special operations create atmosphere of taking care of their own. (need transition person)
 - » People take care of their own because they know their own and see the need. How do we take care of that?
 - We're making it more corporate by pulling out pieces but we are different services with different needs. Equally stressful but different kinds of stress so one program will not solve all programs either.
 - Even though it's tempting to tidy up organization chart and find the few best programs and clean up, brief experience says that's hard to achieve. Have to use a lot of political capital and you'll have it for five minutes until someone leaves and then things change again. We need something more sustainable. Program may get labeled a five star program and be able to be administered more broadly to the extent that you can set up a way to be elevated. It will be more sustainable than picking one.

- Hold a national summit where all wounded warrior programs come together and evaluate everything they do. We can all go back and do their own thing but we won't be recreating the wheel. We've been doing the research and have plans why can't we share it. There has to be a greater way to share knowledge. I'd hate to think we spent all of this money on contractors and then when the contractors came back we didn't get anything accomplished.
 - » Family programs could be one, what are lessons learned from army and marines, what money is being spent, even databases that don't mesh with others. We spend a lot of money coming up with things that the guy down the hall has already done. Air Force guy shared a file with a programming chart and it was passed along and the Army now incorporated it and this all happened just because of a random connection. This should be purposeful. Sharing information saves resources. (more sharing)
 - » There are a lot of areas like curriculums where it doesn't matter if it's Army, Navy or whatever. It will probably work across the board. Common sense tells me somebody has already done this. Who's got it, can we use it? There's a lack of communication about what is available. What can I use for my service, this program, etc.

Strategic Communications Plan

- Having OSD really understand what's happening would help. They see the big picture but haven't necessarily gotten to see what's happening on the streets and a lot of things need to be tying into the ground level so desk clerks can say hey military-onesource. Let me tell you all about it.
 - » Spouses came up yesterday and said what they need and we all feel like "hey we do that!" There's got to be a way to get the knowledge of resources out there.
- You need to have a more forward process...maybe not even a process. I know that right after 9/11 intelligence services built an online wiki page of things they couldn't discuss but you could find it there. You can have it for each person – they can build out their section. I'm an AW2 advocate in the middle of nowhere but maybe I know there's a place to go to help get my kid than I'll go online and know where to do it.
 - » Who decides to put info in the system? If they're too busy or decide they don't have time than important info is left out because they don't update it.
 - » "In the military if you're given a tasker you got to do that. If it is said to do it every month than they need to do it every month or they're gonna zing ya."
- But if people are going to do that they have to follow up with resources and the things they need and if you don't have resources to carry these out it will be inconsistent. We don't have time to think of a plan. We just deal with it. Today is abuse, tomorrow is something else.

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- » We've lost ten years of knowledge by not using them [people with the most experience]. People that have the knowledge and have been here for years get burnt out because of lack of effectiveness or they retire and we lose that knowledge. I'm considered a historical knowledgeable person which is scary because I've been here for three years. That's scary. I'm one of the seniors.
- Clearinghouse for all services as applicable. Militaryonesource was supposed to be that but we're not happy with that. Our belief is that in the next month or so they can go there and if they have trouble with special needs they will be able to find it. Onesource is too much information. We just need to give them good (quality vs quantity) correct information and where to go to get help. Make sure that our delivery method matches the now completely different audience.
 - » As a communicator you learn we have to figure out how to deliver message and the only way to do that is through analysis. A survey. How do you want to receive information? Segment audience by population. Commanders and Sgt Majors wanted electronic info. But older families wanted printed newsletter and we've adapted to various audiences we have. Comes down to do your research in the beginning and figure out how to deliver your message and then resource your communication.
 - Let's get the roles clear and give them tools they can use. What about facebook? Half of my caregivers communicate that way. Now teens twitter. That's how info is getting passed now through social media networks. That's how we should be accessing people – the way they communicate.
 - The G6/ CIO's block many of these networking sites and social media because of the 'risk'. So some of the most effective methods of social media are being blocked. This is an area that DOD could help us because if they came up with a way to do it for the services than we could do it. "If they can give B. Obama a blackberry than by God they can do this. There's a way."
 - It should be fully accessible. 30 years ago they thought faxes weren't secure. We should be smart enough to know what a risk is and what isn't. They can make it secure.
- Let's assume you had no restrictions how would you use it
 - » I would use it [social media] in my program. I would have our advocates in the field through social media to stay in touch with our soldier. Research tells us they'll tell people online that they won't on the phone or through email. You can get up and see that someone sounds pretty desperate and know to call them first. If military truly wants to prevent suicide they need to go where these people are talking and that's on facebook and twitter (social media). We could twitter hey today such organization is offering blank scholarships or this program is now available. Etc.
 - » One of the keys is and this is some random person but they say oh great then we'll have an Air Force facebook (sarcastic). They don't want a separate one. They want the social media that they use with all of their friends not separate.

- » DOD can't access it but when I go home I can look at it. But navy has a school liaison media site.
- Evaluate based on local environment. Some cases require personal interaction. All of these methods need to be available so we can capture everyone through the various mechanisms that work best for them.
- KC Vet Link: modeled after program to help small business down through Chamber of Commerce and they set up programs where you can put in your info and it would spit out resources that would be specialized to their needs. Great local partnership. Public/private. Chamber very involved. Great way for us to save money if people on a local level are willing to do this and can be replicated across country with govt help. Now you're involving community by talking to them about it but you're setting up something that veterans can go to. (ex: I'm army in a specific age group and I'm looking for a group that meets about alcoholism, etc)

Collaborative Partnerships

- Draw on 4-H model for local community involvement.
- People who do BRAC. They add dollar amount, CFC amount, and they've got all of those things written down so there has to be some language out there already written.
 - » There's an overlap between this and strategic communication plan. Communicating impacts of programs to a broader array of people. There's always a misreading, it's more of how they contribute to community values. Some types of things like volunteer fire fighters on part time. Enhance understanding that these military members don't just come and go, they give to the community and if people understand this they will be more willing to accept and put effort in building support.
 - » It shouldn't matter on the individual level if they are there. The wing is always there. They should be invested in the military issues because the military is present regardless of the turnover of military individuals.
 - » You go to these community forums and there are all of these different agencies and your eyes glaze over because you don't know how to make sense of it. It's overwhelming
 - Breaking it down to smaller segments that common people can understand (civilian). You can just watch them start to dissolve after a 2hour meeting with a large group. We should break it into little groups and break the message down so that they can digest it. Too much at them and they don't get anything.
 - Right info at the right time to the right people
 - Really what we're looking at is education. You can communicate by putting a billboard up or you can use various methods but you're creating an education program that is teaching people at a transitional moment. Giving information and helping them make personal and important decisions. The objective was we're going to give info but the objective should be we want you to learn and understand the message.

- Developing the best practice that communities can use to provide a model (develop a model) in training communities to come together. I think that might be something that DOD can do at their level. Some sort of model for who will take the lead. What a model community looks like.
 - » Isn't that what they're doing at the state level? – there may be some out there but it's a case of recommending the best model.
- If we can get military and civilian together we can fill in the gaps because services can overlap and problems with military families are not always problems just for military. Civilian families also go through the same problems and noticing these commonalities and differences can help assess and take care of the programs. Also, first responders are important so even civilians need to know how to recognize signs of PTSD.

Psychological/ Behavioral Health

- One of the issues is the task force used term psychological health because there's a continuum and mental health is only a component of it. We need to recognize that there is a full component in which this is a part. Not just the clinical aspect. Primary and secondary prevention directed towards families – there's lots to do there about stigma
 - » Comprehensive soldier fitness in the army now. Full scale comprehensive fitness has to do with everything with psychological and behavioral health to how you build yourself up spiritually, etc.
 - » Family piece is important. Comprehensive deals just with the soldier.
 - Different type of service to address family. Even research here on children under 3 etc.
 - This area needs to be adequately funded and is endangered
- What is the impact for cuts on health care for children? Impact on families any planning?
 - » In regards to ABA for autism some families go in debt trying to pay for it because they'll do anything to help. Schools have hard time providing services as well if they're school age. 0-3 programs decrease their services
 - » A lot of services that these families rely on are being cut drastically so they go without. I don't know whether the military is responsible for this but schools aren't doing it and the state's budget is getting cut.
 - » Echo extended health care option. Anything that a doctor said you needed whether tested or not Tri care had to pay for it. The 1 in 88 autistic numbers are miscalculated. They have over 1 in 150 but not 1 in 88. Tricare is not allowed by law to pay for just anything. The law was just too broad.
 - It's just like any insurance they'll pay for some and not others.
 - There are things that military won't pay for that others won't pay for. Biggest problem with Medicare is because families move. Some waiting lists are 10 years.

- Is there a legislative strategy here that would benefit these families? We've talked to congress a little and we will see. Ideas are floating around but we'll see what goes. Families should have a flat playing ground so our families aren't going through a loop each time but at same time not kicking other families (civilian) out.
- Civilian families are having the same problem. Number of families kicked off list is increasing. They don't deal with the moves though like military families
 - » Childcare is impacted by budget cuts so now they're having problems with quality because they're lowering standards and programs can't refer people to unqualified child care.
- Very personal and no records are kept (military family life consultants.). A way to reach people without waiting in line at a clinic and we've been getting a lot of feedback. This program is great.

Children and Youth

- Focus of conversation has been on childcare and the issue is much broader. People talk about how wonderful child care is that exists. Its not just keeping children busy its about parenting education. It's a broader family issue including multigenerational issues
- The base has high quality programs (licensed certified) but off base is limited. Need to develop ways to seek out accredited or licensed child care.
 - » Tried quality child care where we trained them and got them certified but after a year we lost half of them. These are people that do not want to be there and do that long term or forever they are people in the community. Turnover high get burnout.
- How can programs before and after school fill in gaps. The installations have the youth programs but 75% active don't live on these installations and 100% of reserves. The answer is not getting them on installation but we need to partner in the communities. But with state cuts its hard and challenging because they aren't maintaining these programs (lack of resources).
 - » Finding them the resources to carry out this collaboration
 - » We got slammed once because people said we were taking away from their after school program. We were collaborating. We got a large grant and if you were a school district that had 20% children military we were able to send funding to that district. So it can't be just for the military school. Bu we had to change contracting methods and language used in applying. Change approach so that we can get funded.
 - » There has to be ways to funnel existing money to agencies or get new money.
 - » You can't even give money to a boys and girls club in community that has military kids.
 - » Need to make it easier

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- Action plan needed to figure out ways to get resources to community partners. If you can't do that you can't grow relationship. They can't sit around for years waiting for lawyers to argue it out.
 - I've been at conferences and symposiums and we see the connection. And it's so frustrating because we can't make it work. They'll fund things and then say well we can't pay for the kid's food though. So we have to bury those costs other places (secret admission of covering costs in other budgeted items)
 - Contracting is a nightmare. It takes 6 to 12 mos. We've had people turn down money because they don't want to deal with the bureaucracy. They are constrained by law. Title X and Title XXXII. Contracting people don't want to break laws so we need to change the laws.
 - » Congress screams every time someone misspends money.
 - » Contract process is too complex but is restrained in many ways by law
 - NGO's can solicit money that can't necessarily be solicited by other agencies because of lack of certain restraints.
 - » I was really looking at representative stakeholders not NGOs. Someone that can do the lobbying. NGOS can't necessarily lobby for specific needs. NGOs have to be careful because they have their certain interests that may not be the ones that align with other agendas. NGOs more difficult than associations in that way.
2. Among these ideas for bringing about change, what are the greatest barriers and challenges that must be overcome for successfully implementing both the short and long-term strategies?
 3. From your perspective, what recommendations would you make for:
 - a) Policy?
 - b) Program Development?
 - c) Funding or resource allocation priorities, given a constrained budget?
 4. What issues/areas should be considered jointly across the Services, with encouraged collaboration?
 5. What skills and/or areas of expertise will be needed to implement our group strategies?
 - a) Can this best be provided by the Military or through program collaborations and partnerships with other agencies or NGO's?
 6. What are the top three critical action steps that will move us toward addressing the top needs of military families?
 - Money always drives the programs. It's hard to allocate the money. In order to allocate we need to look at the programs and evaluate them. Money that is wasted can be reallocated to other areas.

- » Once you know purposes and intents then you can say what you want the future state to be like in 5years and then plan that budget. It's cumbersome to have to do a strategic plan every year. We need long term goals and funding to make these programs available
- » Clarify roles of each program. Like we need to program dna. How does it link? Then we can start talking about how we communicate the information and what methods.
- » We need gap analysis. The gap between what's missing and what we have should be closed.
- Strategize for future needs and resources. Assess needs and secure the resources.
- Education over communication. We are good at communicating but we don't educate. The goals should be that the communication is received and understood.
- We have a clearinghouse and its not touching everybody. So we need something central that works.
- Communicate, collaborate, and educate (all stakeholders including the families)

Appendix I

Breakout Session 3: Action Items & Next Steps

Identifying Action Items and Next Steps

Tuesday, November 10, 2009; 1:30 - 3:30 PM

Group number: 3
Recorder name: Molly Clever

Reporting out: the three most critical action steps:

1. Collaborate with land grant universities to establish a vetting process and how to evaluate existing and proposed programs
2. A system of community/academic partnerships (behavioral health providers)
3. Multi-pronged media approach for reaching populations/generations (ex.: iPhone apps, Skype, phone trees, military onesource)

Breakout Session 3 Questions to be addressed:

1. Among the ideas that have been shared over the course of this Summit, which do you view as having the greatest promise as strategies for significantly improving the quality of life for Military families?
 - Psychological/Behavioral Health
 - » Early intervention, introduce and saturate family, keep them involved beginning to end and after
 - » Intervention prior to deployment, measurable post-deployment screening
 - » Pre-deployment screening for service members and family members, is the family deployment ready?
 - » Shortening deployments and unit rotations, dwell time increases healing time, increases resiliency
 - » Combine psychological screenings with annual physical screening
 - » Train spouses to assist in assessing behavioral health
 - Could also be a portable career
 - » Embed behavioral health specialists and providers in pediatric clinics and community schools
 - » Partnering with experienced (civilian) behavioral health personnel trained in military life
 - Program & Systems Evaluation
 - » Identify programs currently in place providing services to military families
 - What do they provide? Not provide? Requirements?
 - » Look to the future, system for vetting new programs coming in

- » Decommission services, organizational agility
- » Evaluation and outcomes measurements, we stand programs up but we don't do as good of a job evaluating effectiveness
- » 10% of funding for any DoD program should be earmarked for evaluation system
- » Set up on-going learning communities that allow for conversations and feedback loops to move forward
- » System itself needs to be dynamic, able to adapt to changing context
- Children & Youth
 - » Opportunities for childcare off installation, waitlists too long
 - » Voucher system for child care in community rather than relying solely on on-installation child care
 - » Enhanced community school programs for youth and teens, bring teens with like situations together in places where they already congregate
 - » Standardize educational standards
 - » Address issues for special needs children, standards of care throughout life cycle
- Collaborative Solutions
 - » Coordination between family and wounded warrior programs between the services
 - » Displaced personnel, duties that are not integrated into installation life (for example, recruiters)
 - » Community and academic partnerships, brings in needed personnel
 - » Training of civilian providers in military needs, allow military providers (particularly medical trauma) to train in civilian hospitals, trauma centers
 - » Extrapolate programs, like America's Heroes at Work, that work with employers
- Strategic Communications Plan
 - » "iPhone" style applications to access information on issues like "child care"
 - » Need a public affairs office, chief of information
 - » Communication subject matter experts
 - » Assess what we have (AKO, Skype, military onesource, phone trees)
 - » Develop modules for individual info branches
 - » Measure effectiveness and adaptability, can this change as technology changes?
- 2. Among these ideas for bringing about change, what are the greatest barriers and challenges that must be overcome for successfully implementing both the short and long-term strategies?
 - Psychological/Behavioral Health

Appendix I

- » Shorter deployments, really possible? Maybe need to just make more clear when deployments begin and end
 - » Caregivers need to be understood as more than just spouses, military needs to open to caregivers who are boyfriends/girlfriends, other relatives, etc.
 - » Challenges for dual service couples where one person is also a caregiver, places extra stress on service members
 - Need assurances of continuity of care if a service member's caregiver is also deployed
 - » Scarcity of behavioral health providers
 - Program & Systems Evaluation
 - Children & Youth
 - » State specific standards for education and child care, need more national level standards for children in military families
 - » Monitoring of child care; military child care typically operates under a higher standard than civilian, how to bridge gaps between military and civilian child care to make off-base child care a more realistic option for parents
 - Collaborative Solutions
 - » People in transition get cut out
 - » Caregivers may need to leave job to fill caregiver role, how can they be provided health care, services, etc. they may lose by quitting job
 - Strategic Communications Plan
 - » Gap: How do we get info to communities with appropriate media for populations?
 - » May be service specific issues
 - Marines don't allow twitter
 - No social networking for Army
 - Different levels of restrictions
 - » Why do families have to use .mil websites? Shouldn't hide this info behind firewall, session timeouts, not user friendly
3. From your perspective, what recommendations would you make for:
- a) Policy?
- Psychological/Behavioral Health
 - » Creating specific small-goal oriented policy, instead of trying to umbrella everything in behavioral health, create smaller, more functional policies
 - » Policy makers need to listen to caregivers and volunteers and give them the support they ask for
 - Program & Systems Evaluation

- » Standardize program evaluations
 - Children & Youth
 - » Collaboration between civilian and military education and child care providers
 - » Encourage family members to work in child care; can guarantee job at next PCS
 - Consistency between installations
 - Collaborative Solutions
 - » Work more closely with civilian and academic organizations
 - Strategic Communications Plan
 - » Coordination of policies across services
- b) Program Development?
- Train spouses and other family members as mentors and behavioral health care providers
- c) Funding or resource allocation priorities, given a constrained budget?
- In many cases, funding doesn't get used appropriately, funding for useless programs sits there and ultimately gets lost
4. What issues/areas should be considered jointly across the Services, with encouraged collaboration?
- Psychological/Behavioral Health
 - » Pre-deployment evaluations so there is something to compare with the post-deployment evaluations
 - Program & Systems Evaluation
 - » Collaborations with land grant-universities
 - Children & Youth
 - » Standardize education and child care
 - Collaborative Solutions
 - » Coordination between family and wounded warrior programs between the services
 - » Cooperation between VA and civilian service providers
 - » Boston provides good example of cooperation between VA, Mass general hospital and the Boston Red Sox
 - Strategic Communications Plan
 - » Standardize and streamline programs

Appendix I

5. What skills and/or areas of expertise will be needed to implement our group strategies?
 - a) Can this best be provided by the Military or through program collaborations and partnerships with other agencies or NGO's?
 - Great deal of emphasis of how civilian organizations, such as universities, volunteer organizations, clergy, etc. can be trained in issues regarding military life and integrating awareness of community events between military and civilian communities
 - Training and employment of spouse and family member training as service providers
6. What are the top three critical action steps that will move us toward addressing the top needs of military families?
 - Collaborate with land grant universities to establish a vetting process and how to evaluate existing and proposed programs
 - A system of community/academic partnerships (behavioral health providers)
 - Multi-pronged media approach for reaching populations/generations (ex.: iPhone apps, Skype, phone trees, military onesource)

Breakout Session 3: Action Items & Next Steps

Identifying Action Items and Next Steps

Tuesday, November 10, 2009; 1:30 - 3:30 PM

Group number: 4

Recorder name: Patty Fanflik (wall sheets included but not attached with this document)

Reporting out: the three most critical action steps:

Program and system evaluation (OSD action)

1. Standardize program evaluation (no new programs without evidence based information for evaluation)
 - a) Standardize program evaluation, OSD action: no new programs without evidence based information for evaluation
 - b) Apply the Template: Joint Basing; model for consolidating programs and maintaining standards (best practices for higher standards)
 - c) Implement evidence based issues already identified as priorities according to “Chicago” conference
2. Apply the Template (i.e., joint basing model for consolidating programs and maintaining standards
3. Implement evidence-based issues already identified as priorities according to the Chicago conference

Breakout Session 3 Questions to be addressed:

Introductions

1. Among the ideas that have been shared over the course of this Summit, which do you view as having the greatest promise as strategies for significantly improving the quality of life for Military families?
 - *Facilitator skipped*
2. Among these ideas for bringing about change, what are the greatest barriers and challenges that must be overcome for successfully implementing both the short and long-term strategies?
 - Funding
 - Resources, do we have enough funding to develop programs. Yes, we do have redundant programs but my program is the one we need (territorial about our programs).

Appendix I

- Leveraging different components, gov needs to be flexible.
 - Federal programs are funding similar programs we don't know what one hand is doing
 - Bureaucracy slows change
 - How do we assess these programs, what are the metrics
 - We're competing against the private market; we have small programs and can't compete.
 - Private vs public priorities, there needs to be cooperation. Distrust among each other
 - Where do we go once we figure out what we have
3. From your perspective, what recommendations would you make for:
- a) Policy?
- *Facilitator skipped*
- b) Program Development?
- c) Funding or resource allocation priorities, given a constrained budget?
4. What issues/areas should be considered jointly across the Services, with encouraged collaboration?
- *Facilitator skipped*

Who should be doing what:

5. What skills and/or areas of expertise will be needed to implement our group strategies?
- a) Can this best be provided by the Military or through program collaborations and partnerships with other agencies or NGO's?
6. *Facilitator skipped*
7. What are the top three critical action steps that will move us toward addressing the top needs of military families?
- Program and systems evaluation, quality insurance in order to reduce overlapping.
 - Important to remember that the programs developed were developed in peace time.
 - Programs were developed in a silo mentality, what's working and how can we leverage what we know and what is working
 - Flexibility important, may be important for today but tomorrow may not be
 - Flexibility in different branches
 - Technology, not getting the word out, not just tech but also the written word. Generational differences, Hi tech, low tech individuals.

- MOS is bad, dial up access (old school), need a warm touch
- Geographically dispersed, geo-graphic bach
- Purple money and purple programs
- Evidence based prevention, programs have not gone under any evaluation of any rigor.
- Idea to be open to evidence based knowledge instead of reactive. Not a lot of data out there and now research is just filtering through now. Data is not accessible to researchers.
- This is an example of how programs work: We are going to have a marriage and family seminar at 3:00 and if soldiers aren't available then they don't go . We need to be more flexible. Spouses can't just get off when it's convenient for the military.
- We need to be aware of single soldiers, they won't go to marriage and family seminar because it doesn't apply to young people.
- Observations: the 5 ideas why isn't finance included. It is a theme throughout these sessions, a theme that spills over everything. Theme woven or sub-theme, with the current economic crisis, we can't ignore this point. Families are hurting, finance problem contribute to violence w/i the family, underlies all issues and we never talk about it. Financial programs designed to decrease stress. Finances impact everyone.
- This is a second effect (finances) OSD made a policy change, living on base and off, cheaper to pay rent off base. Great idea at the time but people aren't necessarily living in apartments but houses so now in this housing markets, soldiers are in trouble. This is a WHITE ELEPHANT issue.
- Single military are also caring for families members extended family members. How do we teach money management
- Already a process to examine all programs but I have no idea what was done with that. We do a lot of issue papers.
- Need overarching stability, need some consistency but we need to balance the needs of everyone
- Integrate all the programs

DOT exercise: placing dots next to priority within this group:

1. Program and system evaluation (this is our focus), only tackling this issue)
 - Evaluating one central program to set up the standard way we evaluate each program. Really good evaluation is set up from the beginning, answers will make sense. This will be difficult but we need to get a model. Develop a protocol for evaluating these programs. If we believe this is the central issue, we need to make the case for it. We need evaluation to see what emerges.

Appendix I

- We should use a funnel approach to evaluation, top programs, how are we going to help with deployment specifically. Make it apply, how will it work, what's important.
 - » WHO will do this: top down, no one will want to be judged or scrutinized. Pick one priority area and then move from there. Needs to be focused. Cradle to grave, one point in time, right at deployment would be good to start a program evaluation. Work collaborative with outside groups.
 - » Maybe GAO should evaluate
 - » Evaluation will be difficult services are now, we will need data
 - » Chunk out pieces at a time, not the entire program but pieces.
 - » OSD has family program but all branches do, we don't want the services to think we're taking over their programs.
 - » Easy to come out if OSD hands down policy to evaluate these programs. Line items need to be included.
 - » Directives from DoD use purple money
- Is GAO the best to do this?
- Military families (everyone single too) should critique our programs not GAO
- Every organization want information but no one hears the about the data collected.
 - » We have the data, lets look at it and see what we have
 - » USE existing data:
 - DMDC
 - Individual services
 - Program sponsors
- Should we look at redundancy, frees up capital, separating effective from non-effective programs , that's the key. We could use land grant universities.
- BRAD (Floating) input DoD: yes, they collect survey data, rarely link survey questions to program use. That's the problem. Lots of outcome data but not usage or programs don't have outcome data. We may need to link data to ID, but difficult with privacy issues to use IDs.
- Could we ask for volunteers? Problems with volunteers vs. non volunteers, methodological problems. Need to be rigorous to stand up to GAO.
- We are looking at it from different point of views. Academic ways but military has different usages. Even if we do a rigorous study, what will happen in 5 years. There has to be a happy medium. Academia should not be leading, methodological issues are different for military. There's a fine line between what professors want and what military needs. Researchers need to find a happy medium.

- Complicated issues, do we want to do it or sit 10 years from now and deal with the same issues. We need to systematically go through this one piece at a time. Problems are persistent. Lets start from where we are.
 - Starting from now, lets select 3 evidence based programs focusing on the family.
 - » Difficult because commanders at every place won't make it a priority, and it won't be a family program.
 - If they need to hire someone from the outside to o this, let's do that.
 - Every time we have a leadership change, something changes, a different agenda, need to be policy.
 - » To solve this issue, NO new family support programs started w/o evidence based support
 - Cover from us, we know there is redundancy, we expect higher ups to reduce redundancy.
 - Disconnect between policy and services
 - Lets start now, evidence based programs with a built in evaluation metrics. Reasonable chance it will be successful.
 - We can save a ton of money. DoD level policy will only let it happen.
 - Recommendations are now outdated, we can't go fast enough we waste time, moving too fast. Different programs and curriculum
 - OSD has a model that's policy driven, where ever you're at, whom ever has higher standard of care everyone else brings it to high level. Example, childcare, whom ever has the better program, higher standard, then the other services that are lacking, then its on them to bring it up. DoD has the final vote to decide which programs or installations. Combine resources, joint basing. We can free up resources once this was done, funding!!
 - DoD directive to: Service to action, then funding.
 - We need a funnel to help direct us, focus on 3 or 5 things and go from there.
 - » Matrix of already existing military programs. Prioritize based on family need.
 - Use joint basing template to implement priority issues identified at Chicago Joint Family Readiness Conference
2. Strategic communications plan
 3. Collaborative partnerships
 4. Psychological/behavioral health
 5. Child and youth

Breakout Session 3: Action Items & Next Steps

Identifying Action Items and Next Steps

Tuesday, November 10, 2009; 1:30 - 3:30 PM

Group number: 5

Recorder name: Michelle Sandhoff

Note only 8 people in attendance

Reporting out: the three most critical action steps:

1. Develop a comprehensive process to evaluate resources, identify gaps and overlap, and establish outcome measures
2. Develop plan to collaborate among civilian and military agencies, leveraging vetted services/resources
3. Develop multi-mode strategy to communicate throughout the lifecycle (accession to retirement)

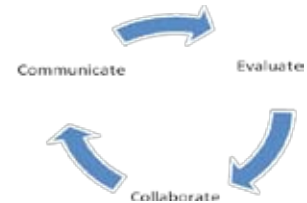
Breakout Session 3 Questions to be addressed:

1. Among the ideas that have been shared over the course of this Summit, which do you view as having the greatest promise as strategies for significantly improving the quality of life for Military families?
 - Developing business plan for programs
 - » Performance and outcome measures
 - Look at current programs and policies to identify needs for revisions
 - » Look at each service, streamline. What works what doesn't>
 - Defining what there is, what system comprised of.
 - » Communicate strategically in way people understand in way that is accessible.
 - » What are real requirements, just cause we're always done it should we keep it? Identify need not just perception of gap, reducing and preventing redundancy,
 - » Need empirical support (proof it works)
 - » Problem identified by group that everyone here in DoD, no non-gov representative
 - Reducing Redundancy
 - » When new programs proposed make sure that this need is not already covered
 - Vetting of new ideas
 - Collaborate with existing programs rather than create new

- Collaborative partnership
 - » Outreach efforts (ex: Red Cross)
 - » Strengthen (reinforce) current efforts, outreach, information solicitation to find out who's working on these things.
 - » You want bureaucratic barriers (vetting process)
 - Don't limit to NGOs, commanders, etc, may have own take (or want recognition) for a new program that is redundant
 - » Action Item: Create vetting process (attempted last October Best Practice Clearinghouse. But what is a best practice and how to rate non-profit? Defining parameters is difficult)
 - » Programs that will continue to support families even if they are not officially partnered with gov. Still serving this population. And they're going to do it anyway. Want to link to DoD efforts, know what gap they are filling.
 - » Different Layers
 - Partnerships, Endorsements (less strong than partnership)
 - These are bureaucracies, slow down the process
 - Formally partner will need legal review
 - » How to establish that outside resources are legit and good
 - Not just internal vetting of outside resources, also educating families about how to identify good resources. Like BBB (Better Business Bureau)
 - Accountability of family to be informed consumers
 - » **Attempt by group member to promote their organization National Resource Directory. Passes out literature**
 - Example of vetting process (there is a process in place). Belief that it is already being used by service members
 - Another example "Warrior Gateway", website with links to vetted resources
 - Network of care model
 - » How much do we, as OSD, want to get involved with non-profits
 - Other entities, not just non-profits, we can't do it all ourselves. We don't have resources to fill every need that exists.
 - Be as knowledgeable as possible about the resources out there that are "good enough" for service members
 - ♦ How to stay current with what's out there
 - Save OSD resources for services only OSD can supply.
 - » Action Item: Leverage, take advantage of, existing resources to augment what DoD has to offer.
 - Examine processes that are already working
 - Which comes first? Need to know what's out there to decide what the leverage? Leverage and then evaluate? [Group debate no resolution at this time]

Appendix I

- This is always part of soldier action plan (Army)
 - ♦ Identify, educating (disseminate info to service members and family), vetting, developing contracts,
 - ♦ Concurrent processes > ongoing needs assessment and at same time staying current with what's going on in civilian community.
- Action Item: Develop a system that on a continuous basis will Evaluate (continuously), Collaborate, Communicate (in this order), reevaluate the needs
- Who's going to do this? In what office
- What does this mean? Evaluate by service? By category of need (e.g., childcare)
 - » Need to determine what services want
 - » Start with accession policy folks (recruiting data, who we are bringing in). Recruiting giving a different message than resources available. Take a look at this. See what services are saying to recruits
 - » Evaluate our messages
 - » What are requirements (I need X number of people, what are the needs of these people? Over time?)
 - Conversation, dialouge. Need to be recruiting on what we can do now, but also what they want so we can develop for future.
- What is our scope? What is meant by “other agencies”
- What does collaboration mean?
- Need to make sure all equities are being taken care of
- How are collaborative efforts linked? Who has visibility of what we're doing? Who can look at it and say “me too”. Cloud computing. How to pull out best practices? To see who's doing what?
- Group identifies that they want to stay on broad, theoretical level not to discuss micro, how to implement steps. (Action as bigger piece vs task as how to do it).
 - » Leadership wants it as strategic level. We can't go much further into detail.
 - » As a group are happy with this an outcome of this summit
 - » If not briefed at high enough level it will be lost and misinterpreted



- Continuous process in all of this.

Evaluate	Collaborate	Communicate
<ul style="list-style-type: none"> • Our messages • Existing programs/services across all agencies • Identify gaps • Identify resource requirements (manpower and operation \$) • Is there a required need? Real requirement vs perceived requirement (what we do cause we've always done). Nice to have versus really needed. If just nice, then get rid of it. • Analysis of manpower requirements (grades, skill sets, etc) Sustainment (training costs, continuing resources) • Match needs-assessments to budgeting process • Are they telling us new things, or just repeating again each year with turnover in personnel. Genuine needs of families are not changing. Themes are consistent over time. • Currently not making a good enough case for what we need. • Develop comprehensive and recurring process to evaluate programs & policies across all (internal and external) agencies, identifying gaps in services, collaborating with other agencies and leveraging resources to fill those gaps in services; identify current and projected future resource requirements. • Separate gap analysis from evaluation? • Haul everything out to look at it, then determine if its doing what it needs to. • Need to look at existing policies, and programs and services. Some <i>policies</i> may need to be changed, updated. • Evaluate and take action based on results of evaluation. • Evaluation tells you what to do next (look for resources to fill specific gaps identified). Stepwise process. Use clearinghouse of resources to find way to fill. If doesn't exist then move to partnership • What is working what isn't 	<ul style="list-style-type: none"> • Collaborate with agencies. Already included in action item from evaluate section. • collaborating with other agencies and leveraging resources, practices, • internal collaboration that takes place before or concurrently with external collaboration • How to coordinate collaboration? • Develop a coordinated and comprehensive plan to leverage civilian and military agencies to enhance or augment existing resources. • Periodic review (also evaluation... these three are very closely tied). • Visibility will affect collaboration at other levels, in other places • Can identify all links or are their links that won't show up? • Challenge: how to get visibility across services and agencies of changes in or new collaborative efforts 	<ul style="list-style-type: none"> • Right points in time • Too much info • Internal and external technology and appropriate delivery (not necessarily latest technology), tailored, multimedia • Need for technology that will reach various audiences (not just service member, also parents, grandparents) • Need for multiple methods • What is best way to get the word out. • Right method for right message • TAILORED • Develop communication strategy throughout lifecycle for internal and external audiences • High tech and high touch. Multi-modal communication. Network of support, communication facilitator. • Even if I don't know the answer, it's ok if there is someone I can call who I trust.

Appendix I

- Leveraging best practices will delay process...have to determine best practices first.
- Develop strategic communication plan.

end of session notes

2. Among these ideas for bringing about change, what are the greatest barriers and challenges that must be overcome for successfully implementing both the short and long-term strategies?
3. From your perspective, what recommendations would you make for:
 - a) Policy?
 - b) Program Development?
 - c) Funding or resource allocation priorities, given a constrained budget?
4. What issues/areas should be considered jointly across the Services, with encouraged collaboration?
5. What skills and/or areas of expertise will be needed to implement our group strategies?
 - a) Can this best be provided by the Military or through program collaborations and partnerships with other agencies or NGO's?
6. What are the top three critical action steps that will move us toward addressing the top needs of military families?

Breakout Session 3: Action Items & Next Steps

Identifying Action Items and Next Steps

Tuesday, November 10, 2009; 1:30 - 3:30 PM

Group number: 6

Recorder name: April McDowell

Reporting out: the three most critical action steps:

1. Establish those factors that most affect service members (in terms of the 3 Rs - Retention, Readiness, and Recruitment) using existing knowledge
 - a) Psychological/Behavioral Health
 - b) Children & Youth
2. Direction / priority of these programs are determined by program & systems evaluation (Specifically, what works under what conditions?)
3. Evaluation and the delivery via collaborative partnerships among all players communicated at all levels (communicated and delivered at multiple levels including the audience and service members)

Breakout Session 3 Questions to be addressed:

1. Among the ideas that have been shared over the course of this Summit, which do you view as having the greatest promise as strategies for significantly improving the quality of life for Military families?
 - It's incredibly important that even the ideas outside of the top action steps are reported; if we reduce redundancy with these goals we anticipate greater success with these steps; how do we map where we are currently; We can decide what's working and how well it is working
 - Best practices: Capitalizing on what's currently working under which conditions by taking an inventory of the current resources – this is currently being done on some level for our programs within the Army but challenge is finding metrics and ways to measure success
 - A number of the family programs grew out of family benefits and are hybrid programs of previously existing programs; scientific precision by evaluating programs can become a danger in some respects because we don't want to create a system of family support for military families that becomes a welfare state; there is also a danger in losing the individual service members by focusing so much on their families and creating a system that we cannot sustain; we can't lose sight of the fact that service members drive the entire system, not necessarily their families; a one size fits all approach does not work nor does throwing a lot of money at programs

Appendix I

- Service members are affected by human factors that create needs which need to be met and have a direct impact on service members via their families – 2 big ones stand out: Psychological/behavioral health, children & youth programs, collaborative partnerships
- We need to figure out what drives the decision-making process of service members based on scientific data (e.g. spouse satisfaction driving service member decisions)
- What are the priorities of the current presidential administration? Broadly we know that they want to support military families, but more targeted strategies are currently being developed
- If we can figure out how to effectively communicate (#2- Strategic Comm. Plan), it will have a greater impact on our larger goal
 - » There is a critical time point at which service members are more open to having programs communicated to them, and it is at this point that service members realize the value of this (e.g. 6-8 yrs into service commitment); thus our communication of programs need to be targeted to critical periods
 - » Perhaps we're communicating too many needs and too many programs that need to be funded (e.g. Congress may fund several programs that we propose, but is that helpful) – there also seems to be no consistent, targeted message (1-2 messages) that we all communicate to Congress, we need to narrow the focus and scope of our message and stick with it until that message has been effectively communicated and make a real commitment to do this
 - » We seem to have a hodgepodge of programs, communication processes, and gov't; this doesn't seem effective so far in serving members
 - » Recognize that #2 is a process, not a onetime event
 - » Our messages are confusing to the public because they're confusing to us as the policymakers; when we give our service members too much they shut down and reject help because its overwhelming
- Funding – the chiefs of each service branch have their own funding and priorities for each of their branches, and we may not want to move away from that model; if they know what's best for their branch then perhaps narrowing programs isn't best
- We want to be realistic about what we can really achieve with providing a consistent message, and have it be broad enough to where we can serve different branches
- Perhaps our top 5 action steps do need to be more broad so that we achieve a commonly applied plan
- We've had to develop means to stay fiscally responsible a make our programs seamless to the end user (in the National Guard)
- Craft the wording of our plan in a way to communicate that we all want to work together with our top 5 priorities; critical to be articulate with our plan to inform Congress that we want to go about this in a tactical collaborative way

- Our strategic plan cannot come from just one source; if we do this we need to do this correctly; there is so much info out there from which to draw upon
- We need to decide what are the building blocks of our plan
- The time for deciding on short-term goals is now; let's create a broad framework and let OSD create the staffing and logistical pieces
- We need to lay out to Congress what our main goals and steps are and recognize that this is not the endpoint but simply one piece of a long-term process
- I've seen a common theme during this summit as occurred during the Family Readiness Council conferences which is that one clear need is a tool that will lay info out for support mechanisms (for who and under what conditions) – there needs to be some type of navigator available for service members to help them sift through and identify what supports they need
- Is there something that communicate resources and resource those communicators; its critical that service members can find what they need when they need it; a plan for service allocation and provisions – so going beyond having a strategic communication plan to a plan that helps actually disperse help at critical times
- We need to make sure these are framed broadly enough to make sure that decision-makers really know our message and that we communicate effectively enough so that as our results go up the chain of command to Congress that our message doesn't lose its fidelity (tailoring our message to our audience, particularly when they audience is Congress)
- There is a question of whether military needs are actually being addressed when budget reviews occur for military family programming
- There is a perception that we are not meeting the needs of military families even in cases where we are
- The behavioral health need among service members has increased and even though we may be increasing the numbers of providers needs of service members seem to be increasing faster than mental health service providers
- People may feel disconnected even with MOS
- We all appear to be doing the same things with various sources and organizations that aren't necessarily coordinated and this may be losing oversight of service providers for programs – e.g. pushing to have increases in the numbers of mental health providers at risk of not having providers that have had quality educational programs; no one seems to have the big picture of what's happening at the highest levels of oversight
- What are we doing to reduce stigma for service members using available services?

Appendix I

Appendix I

- We don't seem to be using military decision-making training skills and applying it to decision-making for military family programs; this needs to be a carefully orchestrated and well thought out process
 - There seems to be a number of different service sectors that can come together to create a consistent message at the right level
 - When we agree on our message, we need to White House's help communicating it; the current priorities of the White House appear to be:
 - » Community service
 - » Work/life balance
 - » Volunteerism
 - » Given these, our strategic plan seems to cut across these, or at least that's the goal
2. Among these ideas for bringing about change, what are the greatest barriers and challenges that must be overcome for successfully implementing both the short and long-term strategies?
 3. From your perspective, what recommendations would you make for:
 - a) Policy?
 - The charge is to improve services that impact our service members; people want this info communicated in a way that they can hear it
 - Retention, readiness, and well-being – linking our actions steps to make sure that they address these things for service members
 - b) Program Development?
 - c) Funding or resource allocation priorities, given a constrained budget?
 4. What issues/areas should be considered jointly across the Services, with encouraged collaboration?
 5. What skills and/or areas of expertise will be needed to implement our group strategies?
 - a) Can this best be provided by the Military or through program collaborations and partnerships with other agencies or NGO's?
 6. What are the top three critical action steps that will move us toward addressing the top needs of military families?
 - 1) Establish those factors that most affect service members (in terms of the 3 Rs - Retention, Readiness, and Recruitment) using existing knowledge
 - » Psychological/Behavioral Health
 - » Children & Youth

- 2) Direction / priority of these programs are determined by program & systems evaluation (Specifically, what works under what conditions?)
- 3) Evaluation and the delivery via collaborative partnerships among all players communicated at all levels (communicated and delivered at multiple levels including the audience and service members)

Appendix I

Breakout Session 3: Action Items & Next Steps

Identifying Action Items and Next Steps

Tuesday, November 10, 2009; 1:30 - 3:30 PM

Group number: 7
Recorder name: Emily Cook

Reporting out: the three most critical action steps:

1. Discover and compile what programs already exist (Evaluation)
2. Determine who is doing what well, and what each will do (Partnerships)
3. Develop a national marketing plan that is flexible at the service and installation levels (Strategic Communications)

Free association of expectations of action statements (Dr. Randolph's idea)

- Move forward with partnerships with existing resources
- Agreement on top programs we want to evaluate, the way we will evaluate it and what time frame of reporting
- Across service effects
- Really get under the skin of our “boots on the ground”, ask will this effect day-to-day lives
- So many wonderful resources available, don't need to build more programs, we need to effectively communicate what we have already
- Learning the language, helping communities and families learn the language of services
- Seamless transitions between active duty services and VA services
- Strategic communications is tied to evaluation- report out the best practices
- This is great because we learn about what's being done in other areas and we're making connections with each other- this is where we're doing the most learning, we have the top down—I've learned so much about what people are doing and advocating and we're in DoD!! Let's get communication working between us, this is what our service members must experience ten fold
- Too much info flowing out, drinking from a fire hose chills the communication process, need to streamline
- The top three are really similar,-- it's a flow: we need to evaluate what we have, communicate that out and refer to collaborations to begin implementation to address psychological health and children/youth programs

- Things just aren't reaching people, feel strongly that bottom up review leads to grassroots delivery that fits experience
- How can I engage my program with DoD? We're everywhere but are still learning to engage, we have strategic communications that we can provide to DoD.
- Need collaboration with State governments and local governments, concerning education and employment, local legislation is a powerful tool
- Realistic expectation part is important- was dropped from the parentheses- this was bad! This fits with communications. DoD needs to communicate that they are able to help if needed, but you signed up for something tough and you and your family need to be prepared for that
- Get the information from the service member to the spouse, empower their conversation

Breakout Session 3 Questions to be addressed:

1. Among the ideas that have been shared over the course of this Summit, which do you view as having the greatest promise as strategies for significantly improving the quality of life for Military families?
 - Communications
 - In addition to telling people what is available, helping to establish realistic expectations in our military families of what they will face
 - » Caution against solving every problem
 - » Sense of personal responsibility to become aware of what is available, there are real benefits to being in a military family but there are also real challenges
 - » Instill in the service members the importance of sharing info with your family, drive it from the leadership side
 - » Other side, need to get as close as we can to the spouse
 - » Don't want to build a sense of entitlement- "why do I have to pay for child care?"
 - » This falls under the bigger goal of strategic communications, communicating with people very early on- even in the recruitment process
 - Must be cognizant of the audience- just posting things on the internet is not sufficient
 - » So many young families, new marriages, first children- these are the at risk people
 - » Generation of techy people, using kindles! Not libraries
 - » Service still matters- different services need different communications, based on age and family structure of that service
 - » This should also include the parents!! So many single out of high school kids parents need to know these things too
 - This is going to be expensive!!!

Appendix I

- Are we using the best portals? Local schools, local housing, places of worship- yes internet, but also the places people go that are safe- having a concierge approach, people who know about local resources
 - » Most people want to be self-sufficient, they just need direction when they need it
- How about “case managers” for families? This person who stays with you or is assigned to you while you’re stationed at X place. This person is your portal, can direct you to where you need to go
 - » What if we had people doing this who were not clinical in background (people coming to you) but aren’t extension in background (active in going out to find people)
 - » We have this medical model that sometimes gets people stuck
 - Plus, our physicians are strapped for time, they don’t have time to refer you out and the family doesn’t have time to wait for an appointment
 - » Becoming less provider based and more interaction based (we all loved the clickers!)
 - » People bond more when they bond early- let’s send these case managers on day one, noting where you are in life at THIS point (do I need career info or zero to three or high school or marriage therapy)
 - » Empowering the embedded people, the ones that are planted in the community
- Empowering people to pre-select themselves in to a “life stage” and then you get the info that is relevant to you
 - » The system knows A LOT about you because you’re in the system, they know when you get married or when you’re ready to PCS or when you have another baby and register a dependent- we can automatically PUSH it to them
- Public Service Announcements, radio and internet ads
- Not enough new service members have had the parenting, the maturity
 - » Stressing personal responsibility and accountability
 - » This is teaching and coaching and empowering
 - » Isn’t this basic training??
- Progression/timeline issues
- See a logical order between the goals: evaluate of the systems then build partnerships around what is working or what is lacking and then communicating that out to the right people and then supporting the health of the family (psychological and children and family)////too much lumping though and things get lost
- This is a timeline problem- 1-3 are long term, 4-5 need to inject the resources

- Depends on the money, congressional resources with timestamps and mandates may conflict with the needs of the families. How can we slow our selves down to flag “four years from now we should be seeing X or Y”
- 1-3 are system issues, 4-5 are programs- we’re mixing apples and oranges
- Program/System Evaluation
- Ask the question: here is a new program, do we already have one? What is the gap?
- Let’s specify the programs, like 0-3 is so specific and they’re really good at it, same as 4-H.
- Evaluations are different than progress reports, we need thoughtful metrics
- Focus on strengths not on weaknesses- ask, who are you turning to? Great. Let’s focus on those people, go to the trusted source
- One size does not fit all, locality matters- some areas are great for jobs others are pretty bad
- LOGIC MODEL: what is the situation, what are the resources, what are the desired outcomes—mapping this out is critical
- Range of strategies
 - » Don’t need to evaluate child care, it’s working we just need more
 - » But for others, is it usage data or change data?
 - » Let’s take cues from marketing, ask how you heard, is it working, how is it working, why, what are we doing right? Send in outreach people to do market research
 - » Qualitative and quantitative
- Let’s use external partnerships to help evaluate, there are already great methods out there
- Focus groups are a good idea, too often we’re talking about broad surveys that are thin
- Business model, what the commissaries are doing to get sales up- we need participation and good outcomes up
- This needs to be continuous, need a way to reflect changing need, not a static snapshot, we need to keep reengaging the new and changing needs that are constantly changing
- The information we get from having beers at the American legion is important, this kind of down level interaction
- What motivates people to change? A relationship, a commitment to betterment of the self form someone else

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- Are all the resources listed in one place? Need a review of all programs by service (25 pages congressional report) this is crazy! How can we evaluate if we don't even know what we're evaluating?
- Learning best practices from successful programs, collaborating with them to replicate the good things
 - » Partnering with community programs that are working at every level
 - » Installation level personnel know a lot about what is working, they aren't here
- Psychological/behavioral health
- RAG do not get physicals when they come home, this is a system level problem. It's "too expensive" to assess physical and behavioral health- so many problems are under reported or not reported at all
- Remove the problem of "if I report that I'm having problems, they won't let me go home to my family as soon after a tour"
- The employer provides the mental health services- this is the fundamental problem. At some level WE NEED TO KNOW if you are having a problem (ft. hood- we should have known he was having a problem). This is a real conundrum, we need to know. So how wedded are we to confidentiality? When does the commander genuinely need to know? Need this point clarified. If it's a case by case decision. This is not just like the civilian world that we can keep everything confidential.
- This ties back to the personal responsibility. We are misleading people if we tell them this is the lifestyle for everyone. Need to make sure that in the rush to recruit people we're not glossing over the challenges.
- Shouldn't we encourage people to seek support before we have crisis? Then we know baseline psychological functioning. This is part of prevention education
- We don't want to tell people that getting care is wrong. We need the whole person. If it was across the board, you get it if you need it but you're not singled out.
- Up to 1/3 already have experienced violence upon enlistment. Adverse childhood experiences study- this is a big problem for kids who grow up (and many of these kids are now soldiers) and now they're getting it again in adulthood.
- CONCERN: we're not talking about the spouse!! Stop talking about the service members, we need to talk about the mental health of the spouse and the kids. All eyes are on the soldier but mom is home in bed and the kid isn't being fed or washed. Teachers can be first line of defense for alerting problems in kids, but they can't provide counseling to mom.
- We cannot take children and youth out of the family support system. We can't take kids out. Didn't hear the word spouse once. Didn't hear the word parents once.

This is the family system. The whole system is broken, not just the kid acting out. It's the relationship between husband and wife, between wife and kids, stress and fatigue. It's linked.

- Teachers are not being briefed. Community teachers report to the state social worker, not the installation. 80% of kids are in public schools, these are the first responders
 - Just in time information and saturation (think H1N1, signs are everywhere), needs to be given directly to the spouse.
 - Empower mom/wife to seek services; careful though, because sometimes the service members really don't want their spouse to speak up; withholding the information is purposeful
 - We can learn a lot from universities about how they get information to students, flyers on stalls
2. Among these ideas for bringing about change, what are the greatest barriers and challenges that must be overcome for successfully implementing both the short and long-term strategies?
 - Hierarchical communication, this is vertical not collaborative
 - States issues using federal money, we need decentralization
 3. From your perspective, what recommendations would you make for:
 - Policy?
 - Program Development?
 - Funding or resource allocation priorities, given a constrained budget?
 4. What issues/areas should be considered jointly across the Services, with encouraged collaboration?
 5. What skills and/or areas of expertise will be needed to implement our group strategies?
 - Can this best be provided by the Military or through program collaborations and partnerships with other agencies or NGO's?
 6. What are the top three critical action steps that will move us toward addressing the top needs of military families?
 - We're going system level, not going to address the bottom two (psycho health and child/youth)
 - Program Evaluation:
 - » Need to find out what programs exist, which are service specific, which are across/federal

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- » Beef up the infrastructure, too understaffed, need a wide range of skilled workers trained in new creative marketing methods
- » Doesn't have to be permanent, could be contractors, who come in, do it, and get out
- » Be able to quickly discover what works and replicate it
- System evaluation:
 - » Evaluate effectiveness
 - » Find out redundancy
 - » Need a way to coral all the programs under one umbrella, need a coordinating agency
 - » Find out which other agencies that are already doing this!!
 - » We have to know what we're looking for, outcome research so we know if we've succeed in making an actual difference
 - » Maybe this needs to be outside DoD- looking in, divvying it up
- Strategic communications:
 - » Targeted to the user, determine delivery methods that aren't the web
 - » Use key life events to communicate to them what is appropriate
 - » Outreach benefit coordinators
 - » Who is writing the communication? Determining the content? Needs to be a collaboration between the program and the communications office
 - » Quality handouts with good content
 - » National level plan that can be adjusted and modified to the service level, then installation level, must be flexible and adaptable
 - Some is universal, some is local, some is service specific

Breakout Session 3: Action Items & Next Steps

Identifying Action Items and Next Steps

Tuesday, November 10, 2009; 1:30 - 3:30 PM

Group number: 8

Recorder name: Karin De Angelis

Spend first 15 minutes discussing how to structure group process

Much confusion as to goals of session

- Seems like a lot of programs and systems that people don't know how to access
- Too many bureaucratic restrictions around programs (i.e., Army children can only access military programs)
- Others think much is working well in family support arena, particularly when compared to 10 years ago (lots of change and adaptability)
- Admittedly RC not on DOD's agenda until after 9/11
- BUT this isn't about having a negative focus, but on communicating what we do well to other people (part of strategic communications plan)
- Need to make community awareness, particularly for youth and youth groups, as action step
- Strategic communications and collaborative partnerships are both action step, while program evaluations, mental health, and children and youth are issues
- Communication: information flow down and up with the same message and management of programs, resources, and assistance
 - » Policy and legislative change with veterans service organizations (VSOs)
 - » Data base management
 - » Central clearing house
- BUT VSOs focus on servicemembers, not families
- Servicemembers often don't consider VSOs as resource for families (perception that AD can't access organizations)
- VSOs lose focus on family (can't view service member as individual entity)
- If considering communication flow, then looking at programs. There is a recognition that there are a lot of programs, but servicemembers and families often don't know about them. We need to look at how information gets out to families. How do we communicate about what's out there?

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- Need to get servicemember from very beginning.
 - » Often don't need information about childcare, family services at beginning of military career
 - » How to focus information so they have it before crisis period?
- American Legion participant really wants to use VSOs as central clearinghouse for transmitting information to military families (Discusses new Family Forum initiative)
- Don't need more programs...VSO wants to be in flow of information for wounded and ill service members
- Need to get servicemembers at the beginning BEFORE they transition out due to separation, illness, etc
 - » Access to information changes once member separates from DOD
 - » A lot of information to process for servicemembers with families
 - » For example, during spouse panel, DOD has programs for all of problems that were addressed
 - » Initial and ongoing communication to match significant milestones (information based on military life-cycle and transition)
 - » If collaborative partnerships are a desired outcome, then need communication outward/externally with community partners
 - » Building communication infrastructure between DOD and civilian partners
 - » Who are the partners who want to come to the table? (e.g., civilian public schools)
 - » Need to identify collaborative partners with accompanying agreement between DOD and partner
 - » About organizing/managing partners in systematic, efficient manner
 - » The question becomes about how to present information to family (reference to America Supports You website where outside organizations can plug in. This website was not vetted.)
 - » DOD not willing to put stamp of approval on outside organizations.
 - » USDA/extension partnerships provides outlet for programs (e.g., Operation Military Kid)
 - » Extensions are THE organization that DOD should use. They have academic and university resources that are already settled in communities.
- Need for evidence-based programming
- Before establishing partnerships, need to know what organization already does well (partners must fill gap)
- Concern about partnerships: different sides don't know what works well (extensions doesn't know what works for DOD and vice versa)

- Must be able to identify strengths...programs that work well, why and with whom?
- Model for program evaluation is military childcare programs (trying to provide a matrix for program evaluation of childcare centers)
- Non-profits need to learn what DOD offers so they can respond with their skills/strengths

Break into pairs for brainstorming for 30 minutes

- Promote evidence-based programs through systematic evaluation
 - » But not saying how we are going to identify evidence-based programs

Results From Pair Brain-Storming:

Approach steps as linear process

- Identify, assess and promote evidence-based programs that meet needs of military families
 - » Which type of programs – DOD, community, all?
 - » Maybe any programs that are trying to meet the needs (comprehensive)
 - » Continue to do old programs just because we think it's a good thing...need to have higher level of selectivity
 - » Too broad to consider all programs, so group will leave with DOD
 - » Maybe should put program evaluation first? Need to put in chronological order.
 - » Look for gaps and where community organization can fill gaps
- Ensure effective communication relay from DOD/service branches to military families and to community
 - » Want to make sure families and communities are receiving information
 - » Group wants to include only residential communities
 - » Communicate partner strengths to meet family needs gaps
 - » Need to be able to decimate best practices
 - » Don't have a program if families don't use them
 - » Who are the stakeholders? Outside organizations have vested interest to link up with military family programs
 - » Group decides to leave "promote" out as objective
 - » By saying partner, cutting out critical idea of community (using broad definition)
 - » Need to continuously evaluate program effectiveness
- Communicate partner strengths to meet family needs/goals, defining specific roles and mutual expectations

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- From group overall: Where are the military leaders at this summit? They are supposed to be participating! Where are the uniforms?
- Group also wants to know what happens when report is documented...concern that report will become just another file
- Group wants to know about what is working well (for DOD to share with collaborative partners)
- What are the deliverables from this summit? How to effectively measure evidence-based programs?
- What are the cultural issues that all of America is dealing with (childcare, financial stress) versus what is unique to the military?
- May be a lack of appreciation on military side for all of programs that are offered to military families and that, in this particular moment and time, civilian families may be surprised and resentful at amount of benefits/entitlements
- Admittedly transitions are difficult, but a lot of programs available to military spouses as well as scholarship programs that go above and beyond what is needed
- Realization that political goodwill is going to dry up so need to implement/work programs now
- Uses example new GI Bill: may be resentment among civilians to have to pay for servicemember's kid to go to college when they can't afford to send their own kid to college
- Asking for so many benefits, but servicemembers don't want to contribute (tax-wise) to state/federal finances

Reporting out: the three most critical action steps:

1. Identify, assess and promote evidence-based programs that meet needs of military families
2. Ensure effective communication relay from DOD/service branches to military families and to community
3. Continuously evaluate program effectiveness

Breakout Session 3 Questions to be addressed:

1. Among the ideas that have been shared over the course of this Summit, which do you view as having the greatest promise as strategies for significantly improving the quality of life for Military families?
2. Among these ideas for bringing about change, what are the greatest barriers and challenges that must be overcome for successfully implementing both the short and long-term strategies?

3. From your perspective, what recommendations would you make for:
 - a) Policy?
 - b) Program Development?
 - c) Funding or resource allocation priorities, given a constrained budget?
4. What issues/areas should be considered jointly across the Services, with encouraged collaboration?
5. What skills and/or areas of expertise will be needed to implement our group strategies?
 - a) Can this best be provided by the Military or through program collaborations and partnerships with other agencies or NGO's?
- 6) What are the top three critical action steps that will move us toward addressing the top needs of military families?

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Breakout Session 3: Action Items & Next Steps

Identifying Action Items and Next Steps

Tuesday, November 10, 2009; 1:30 - 3:30 PM

Group number: 9

Recorder name: Wes Huey

Reporting out: the three most critical action steps:

1. Determine what are the joint core family support services.
2. Develop a sweeping Unified Legislative Budget (ULB) that authorizes and identifies funding for joint core family support services.
3. Utilize the latest adult learning methods and communication technologies for developing and delivering family support services, including outreach.

Breakout Session 3 Questions to be addressed:

1. Among the ideas that have been shared over the course of this Summit, which do you view as having the greatest promise as strategies for significantly improving the quality of life for Military families?
 - a) Extension service could be leveraged for service to “outlying areas” – NG and reservists who otherwise might not get reached – education and family support, USDA connection appears promising
 - b) Managing colla
 - c) Tapping into latest research about adult learning, to teach, and to build consistency across different services
 - d) Evaluation and reassessing current programs and policies, at national, state, and local levels
 - e) We have wonderful programs that are working well – still need to learn about getting people connected to each other and to resources, can do that with partners inside and outside DoD – programs are good, connectivity missing. Need sensitivity to generational differences and life-cycle differences in how people connect to each other
 - f) At-risk families are often hardest to reach
 - g) One port of entry for people looking for information would be valuable – single phone number with an actual person.
 - h) A good deal of programs appear to be developed for people in crisis – need to be sensitive to the fact that we learn differently in crisis, needs to be folded into learning models

- i) Parenting and spouse employment most critical issues for military spouses according to a conversation between two spouses. Younger generation doesn't connect to resources like older, what's emerging is a focus on small informal groups for social support
 - j) Movement away from centralized brick-and-mortar service delivery models to more virtual/multi-media outreach methods, recognize that systems evaluation needs to address this shift in service delivery
 - k) Certain redundancy can be a good thing, need to be careful
 - l) How do we reach remote folks – same question applies to how we reach local people in this new age of virtual environments
 - m) People want to be connected with people they have things in common with, a model from the church world is a group called the “theater church” – may meet in churches, coffee shops, informal settings using new communication forms like Facebook.
 - n) Extension system has outreach in ways that DoD doesn't have, these are community people who are already trusted brokers for our remote families
2. Among these ideas for bringing about change, what are the greatest barriers and challenges that must be overcome for successfully implementing both the short and long-term strategies?
- a) Funding shortfall
 - b) Parochialism, service culture barriers (“Marines take care of their own”)
 - c) Poor coordination
 - d) Bureaucratic barriers
 - e) Everyone has become tactical rather than strategic
 - f) Everyone wants to do the right thing, but do it their way – turf battle
 - g) “I'll do anything you want me to do, just don't stop me from doing what I was going to do anyway.”
 - h) “I don't need help.” Servicemember and families, stigma of incompetence
 - i) Poor accountability at leadership level – implementing
 - j) Volume of information is overwhelming
 - k) Unrealistic scoping of programs – all things to all people, cannot be sustained, new ideas are sexy, old ideas get forgotten and are not sustained even when valuable.
 - l) Mobile military lifestyle was the sexy idea and had good impact on QOL, but we don't talk about it anymore – no longer “sexy”

- m) For some servicemembers, they use services as a crutch to avoid personal responsibility
- n) Need to remember why DoD exists – as mission changes, family circumstances change – need to be out front and synched up between mission and family policies.
- o) Having to respond on the fly to a rapidly changing world, we’re asking organizations to be flexible, responsive, and adaptable – this isn’t easy
- p) Relocation policies trigger many of the crises driving family stressors
- 3. From your perspective, what recommendations would you make for:
 - a) Policy?
 - i. Get them all current
 - ii. Existing policies are premised on past assumptions
 - iii. Get rid of restrictions on accepting funding or help from outside organizations
 - iv. Lets review it and clean it up
 - v. Proactive steps – anticipate future events that will impact policy, such as the overturning of DADT, and get ahead of the curve
 - vi. Need to address “color of money” and Title 10/Title 32 legislative barriers to effective program policy and implementation
 - vii. Eliminate old pork-barrel programs that have outlived usefulness
 - viii. Bottom up review to identify ineffective policies, opportunity ripe for Omnibus (ULB) for Family Support
 - ix. “Whole money issue” is biggest barrier to effective policy making
 - x. “Magic window of opportunity” – QOL typically comes from supplemental – QOL needs to be in baseline budget – or does it? Moving to baseline will increase predictability but
 - xi. Much of supplemental funding has been quite consistent year to year, but there are no guarantees – Baseline funding more predictable
 - xii. Yellow Ribbon is being overfunded, because there is acute awareness of need
 - xiii. Need to first review our policies, understand where the legislative roadblocks, and recommend legislation to remove barriers.
 - xiv. Go goal-by-goal and review policy – where barriers to effective policy exist, recommend approaches to resolve
 - b) Program Development?
 - i. Use latest adult-learning/communication technologies as outreach/connectivity tool
 - ii. Which programs should be stop, so that resources can be reallocated to these initiatives
 - iii. What is the difference between program and policy development? How can policy and program development be better synchronized?
 - iv. Needs assessment id’s key areas of need
 - v. Customer satisfaction surveys are being used, perhaps overused – hard to get answers from users of services, but those are used not for policy but for improved communication

- vi. Point evaluations of service may be biased because respondents are in crisis
 - vii. Crisis, core, and life-cycle levels of service – need to synch services with staff and needs requirement, so that programs can be properly evaluated for scoping and standardization – what is the “standard level of care” from family programs – CJCS question
 - viii. Reintegration retreats – “Returning Warrior Workshops” – transition from war zone to home
 - ix. Business evaluation of service utilization
 - x. What about when mom is active, or both parents are active and want to deploy together, and how do you treat sig others in family programs? Marines are actively addressing this
 - xi. Need to consider single servicemembers and their families – overly focused on traditional families
 - xii. Family programs ought not to be treated as service-specific – family issues are inherently joint
 - xiii. Need to identify the core programs across the services
 - xiv. Some programs can be blended
- c) Funding or resource allocation priorities, given a constrained budget?
4. What issues/areas should be considered jointly across the Services, with encouraged collaboration?
5. What skills and/or areas of expertise will be needed to implement our group strategies?
- a) Can this best be provided by the Military or through program collaborations and partnerships with other agencies or NGO’s?
6. What are the top three critical action steps that will move us toward addressing the top needs of military families?
- Determine what are the joint core family support services.
 - Develop a sweeping Unified Legislative Budget (ULB) that authorizes and identifies funding for joint core family support services.
 - Utilize the latest adult learning methods and communication technologies for developing and delivering family support services, including outreach.

Appendix I

Breakout Session 3: Action Items & Next Steps

Identifying Action Items and Next Steps

Tuesday, November 10, 2009; 1:30 - 3:30 PM

Group number: 10
Recorder name: Steve Sobotta
Reporter name: Renee McKee

Reporting out: the three most critical action steps:

1. Conduct program and systems evaluation
2. Implement strategic communications plan, targeting each audience and generation
3. Develop collaborative partnerships

Group notes by themes voted on by the large group are summarized at the bottom of this document.

Breakout Session 3 Questions to be addressed:

1. Among the ideas that have been shared over the course of this Summit, which do you view as having the greatest promise as strategies for significantly improving the quality of life for Military families?
2. Among these ideas for bringing about change, what are the greatest barriers and challenges that must be overcome for successfully implementing both the short and long-term strategies?
3. From your perspective, what recommendations would you make for:
 - a) Policy?
 - b) Program Development?
 - c) Funding or resource allocation priorities, given a constrained budget?
4. What issues/areas should be considered jointly across the Services, with encouraged collaboration?
5. What skills and/or areas of expertise will be needed to implement our group strategies?
 - a) Can this best be provided by the Military or through program collaborations and partnerships with other agencies or NGO's?
6. What are the top three critical action steps that will move us toward addressing the top needs of military families?

- a) Program and Systems Evaluation
 - i. The services must communicate in order to identify redundancy of services and programs to limit overlap, minimize costs, and maximize services and capabilities
 - ii. Elicit customer feedback to determine needs and wants of the customer in order to provide more focused services and increase usage of the programs that are being funded
 - iii. Clearly defined and standardized metrics for programs so that an initial step could be to evaluate and compare programs across services in order to work on a future streamlined, consolidated and well-used program.
 - iv. Standardize plans, programs and goals of programs to the point that the services can brand them in order to maintain so level of identity. Example...DOD directs 90% of a program and allow a service to “brand” it with their logos and additional information to the 10% level. This streamlines and standardizes programs while allowing each service the opportunity to label it as theirs and give the families a level of comfort that they are using their own service’s programs not a DOD level program.
 - v. Develop business plans for each program that incorporate metrics, outputs, outcomes, costs and clearly identifiable tasks.
- b) Strategic Communications Plan
 - i. Target each audience and each generation. Generation specific communication...target Gen Y with specific communication and Gen X with specific communication, etc. It may take multiple plans; one plan may not fit all. Common themes for major programs with a common strategic message but tailored for service and generation. Specifically target information at specific “touch points” in the career cycle...mission events, career events, life events.
 - ii. Marketing firm – hire one to clearly articulate the messages that get to the right people at the right level at the right time.
 - iii. Communicate the plans and programs externally as well as internally to ensure that the civilian population and community understand the services provided and possibly get their assistance with these services and programs.
- c) Collaborative Partnerships
 - i. Determine which partnerships (both internal and external) exist then evaluate them and determine whether they are necessary.
 - ii. After evaluating partnerships and determining its validity, work to strengthen them by reviewing and revising, updating and improving or expanding them.
 - iii. Share business plans to determine where the partnerships can be established and those areas where they can be mutually supportive.
 - iv. Identify the need for partners...review the business plan or mission statement and determine whether or not there is a need for a partner in a specific area and that they are need driven and not just partners for partner’s sake. Need-based driven partnership.
 - v. Develop and strengthen partnerships within services but especially between the services especially those installations and locations that have multiple services in a single location.

d) Psychological/Behavioral Health

- i. Educating military families throughout their careers, move away from clinical terminology and normalize the services provided.
- ii. Marketing the health programs to ensure widest dissemination among service members and families.
- iii. The role of leadership is critical to establish the framework for ensuring that there is no stigma attached to asking for assistance.
- iv. Educate local community services (schools, churches, etc) to understand family related psychological and behavioral health issue that may be connected to military parent service. (LINKED TO PARTNERSHIP)

e) Children and Youth

- i. 0-5 years
 1. Review services currently provided and determine those areas where shortages are identified and determine through surveys or interviews those areas that may need enhancement, improvement or expansion. (Active component only – reserve components provide additional challenges) Collaborative partnership required between providers and parents.
 2. Improve access to hourly care – make more available.
- ii. 6-12 (Tweens)
 1. Find and provide meaningful work/volunteer opportunities
 2. Collaborate with other military services and determine if there are other positive programs that can be duplicated in other services.
- iii. 13-18 (Teens)
 1. Help them find skills mastery programs
 2. Help them develop and support independence
 3. Develop a place that allows them to be with those of their own age, support services for teens
 4. Peer connections enhanced and improved
 5. Reevaluate needs and requirements for teen programs

Appendix J

List of Breakout Session Facilitators and Recorders

Confirmed Facilitators and Graduate Student Recorders for Military Families Summit September 4, 2009

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Appendix J



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